

**AGING SERVICES GUIDE FOR
LEGISLATORS**

**NORTH CAROLINA STUDY COMMISSION
ON AGING**

1990

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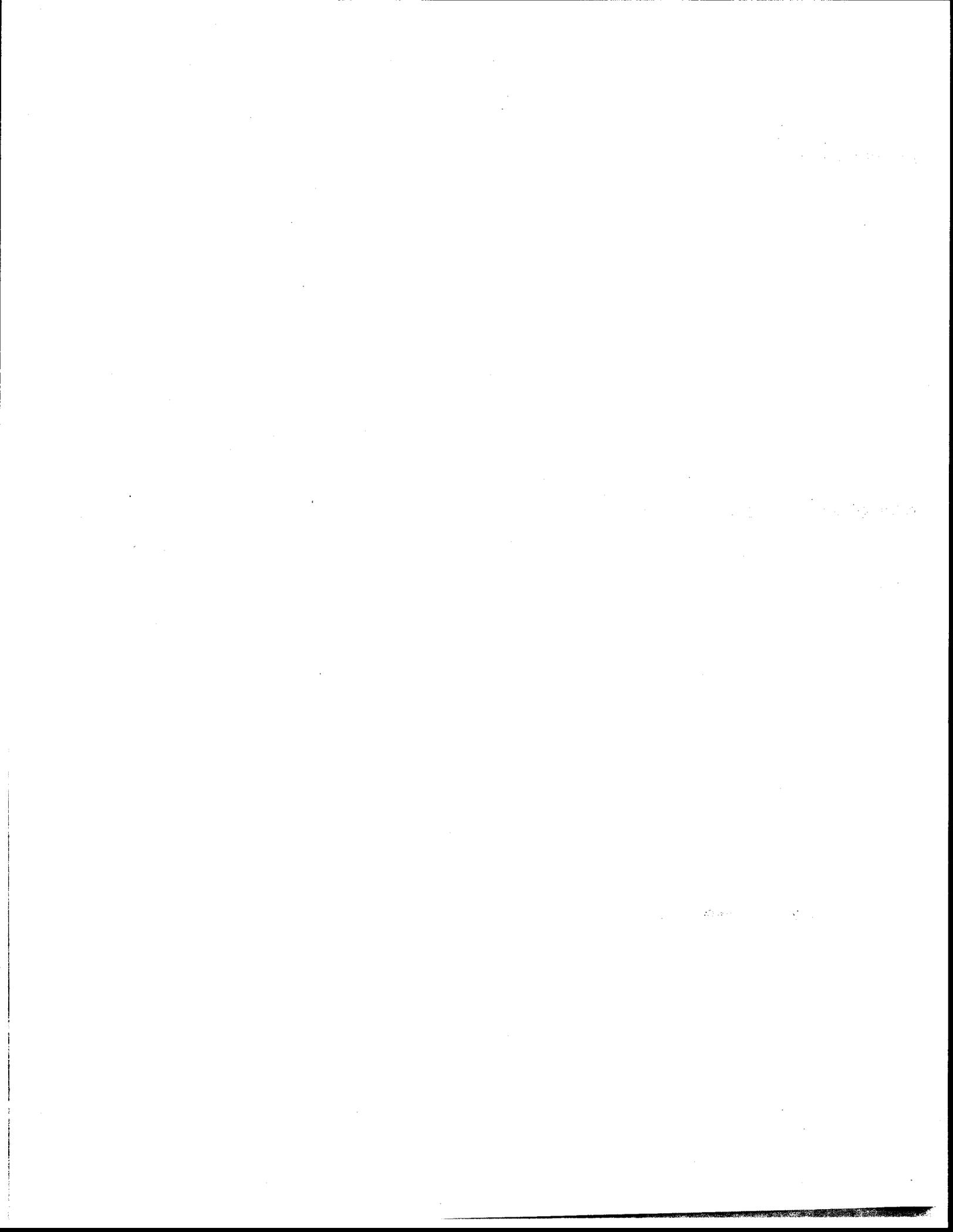
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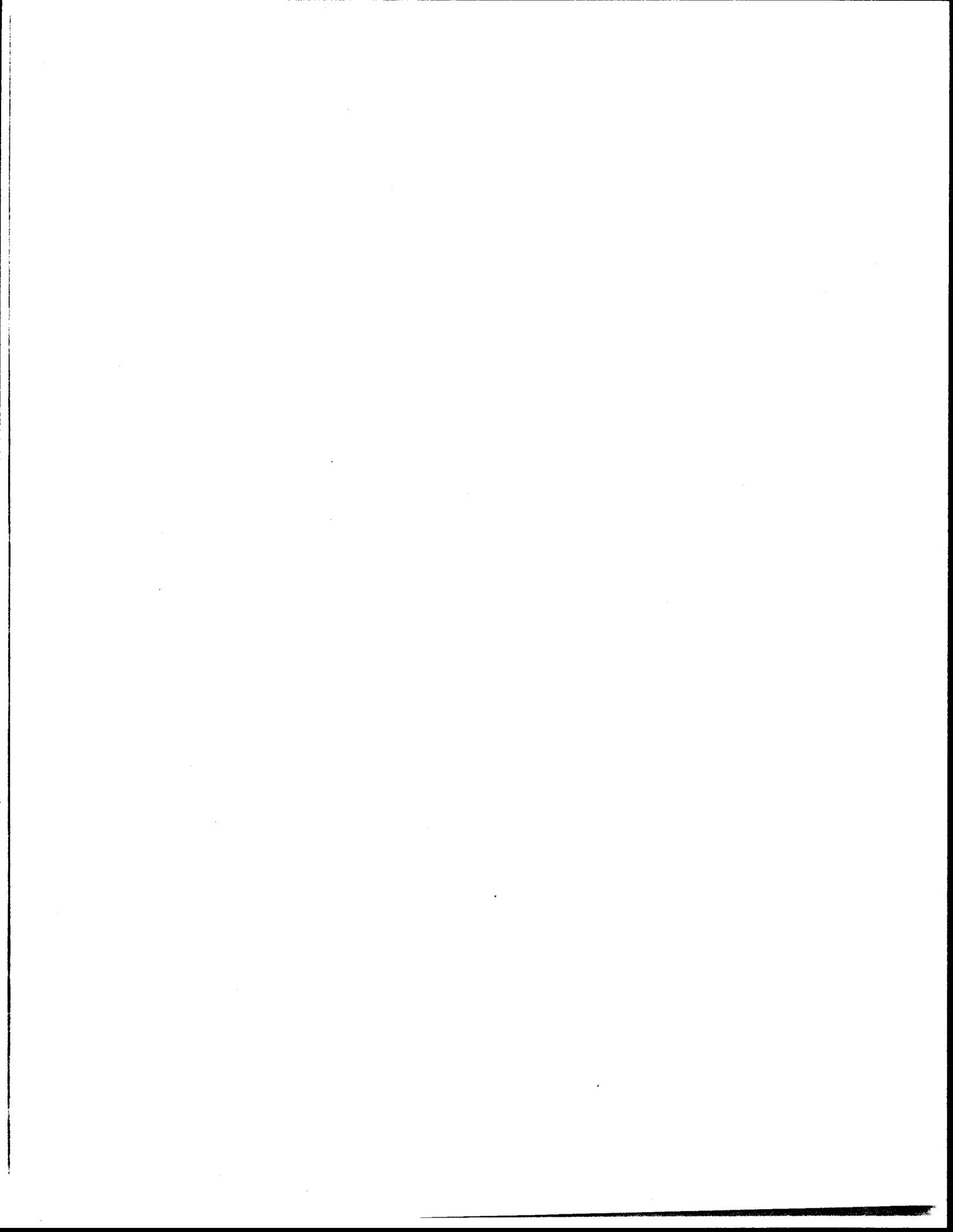
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NORTH CAROLINA STUDY COMMISSION ON AGING

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Rocky Mount, NC 27804
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Wilson, NC 278293
(919) 243-7665

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Louisburg, NC 27549
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Fayetteville, NC 28303
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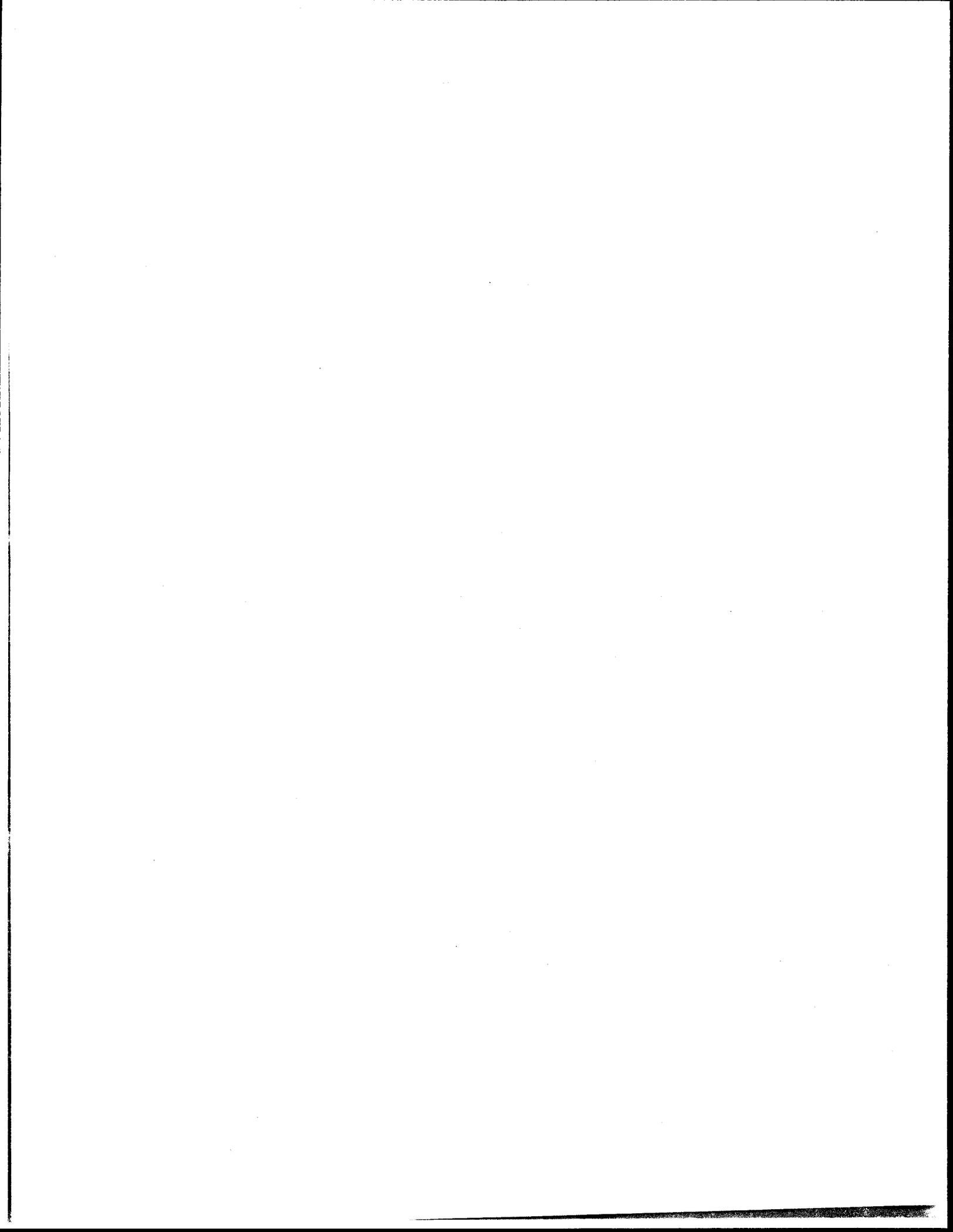
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305 Brooks Avenue
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Perfect Poppy
208 State Street
Greensboro, NC 27408

Mr. Jack Pleasant
MedVisit
411 Andrews Road
Durham, NC 27705



PREFACE

The primary purpose of this publication is to introduce the State's aging programs and services to legislators, community leaders, program professionals, citizens and older adults themselves to the available resources and directories on aging services and programs in North Carolina. It is an introduction only and is not intended to be an exhaustive or complete listing. Therefore, there may be some community programs funded through federal agencies that may not be included. Also, no attempt was made to identify the many private agency, church, or other organized programs and informal programs and services throughout the State.

In order to make this information helpful to the reader, some common terms have been defined within some sections of the document, and a "Glossary of Aging Terms" has been included in the appendices and is printed on green paper.

In addition to identifying these programs and services, contacts who can supply further information are listed throughout the document. In order to ensure the most beneficial use of this information, the contacts have also been duplicated into the "Program Contacts Directory" which is the last section of this document and is printed on gold paper.

Also included are a summary of trends and principal characteristics of the older adult population, demographic data charts, a history of aging programs, and an overview of North Carolina legislation affecting the elderly since 1977.

This collection of resources was first presented to the North Carolina Commission on Aging at its meetings in December 1989 and January 1990. The many requests for information about aging services and programs received by legislators serving on the Commission from their constituents and county leaders across the State and the fact that no single source of information has ever been identified provided the motivation that led to the Commission's decision to authorize preparation and publication of this document.

At the direction of the Commission, this information has been collected, compiled, and published by its staff, Sue Floyd and John Young of the Legislative Research Division, telephone (919) 733-2578, in cooperation with the various departments, agencies, and divisions.

The Commission would like to extend sincere words of appreciation to the many individuals who provided information for the publication and who presented information to the Commission and to Sue Floyd and John Young for their outstanding efforts.

Betsy L. Cochrane

Betty H. Wisner

Cochairs of the
NORTH CAROLINA STUDY COMMISSION ON AGING

NORTH CAROLINA'S OLDER ADULTS

The following is a summary of trends and principal characteristics of North Carolina's older adult population. The information presented is drawn from the 1980 Census, the 1988 Current Population Survey and population projections provided by the State Data Center. More detailed information is included in the State Data Center monograph, Older Adults: 1980 Census and Geographic Patterns of North Carolina's Elderly Population prepared by Stephen Birdsall at UNC-CH in 1989.

Population Trends - As we approach the next century, North Carolina will share in a national trend which projects marked increases in the population living beyond 65 years of age. The population of older adults in North Carolina will actually exceed the national average by the year 2000 (13.7% in North Carolina compared to a national average of 13.0%). The number of persons aged 65 or older in North Carolina was approximately 225,000 in 1950, in 1980 this increased to 603,000, and from population projections for the year 2010 we can expect almost 1,200,000 North Carolinians will be 65+ years of age. As a proportion of our population, older adults comprised 5.5% of the population in 1950, 10.25% of the population in 1980 and is expected to reach 15.2% in 2010. Even more striking is the rate of increase in the proportion of the population 85+. In 1950 this age group comprised .2% of the population, in 1980 it grew to .7% and population projections for 2010 indicate an increase to 2.2% or approximately 169,000 persons. The 85+ population is noteworthy because of the potential impact on service needs due to higher impairment levels associated with advanced age.

The distribution of older adults in each of North Carolina's counties varies considerably across the state. While 10.25% of the state's population was 65+ in 1980, 80 counties had higher proportions than the state average. Counties with the largest overall populations tended to have smaller proportions of elderly which held down the state average. Mecklenburg, Guilford, Forsyth, Wake, Buncombe, Gaston, Durham, Rowan, Alamance, and Cumberland Counties had the greatest numbers of older adults while Polk, Macon, Henderson, Clay, Perquimans, Moore, Cherokee, Chowan, Warren, and Haywood had the highest proportions. As can be noted, rural counties tend to have the highest proportions of older adults. With few exceptions, the northeastern, northwestern and southwestern areas contained counties with higher than average proportions of older adults. The piedmont and southern coastal plain contained counties with proportions lower than average and these counties were, for the most part, North Carolina's more urban counties.

Urban/Rural - As noted, many older adults live in rural settings in North Carolina. Urban and rural settings each present unique considerations related to the needs of older adults and the ability of communities to plan and provide services. In 1980 29.65% of older adults were defined as living in urban settings, 8.13% lived in rural farm settings, and 62.22% lived in rural nonfarm settings. Clearly the older adult population is predominantly rural and less urban than the total population.

Race/Gender - In 1980, for the 65+ age group, just over 80% of the population was white and 61% were female. White women made up more than half the population 65+ and almost 60% of the population 85 and older. Minority women, like white women, outnumber their male counterparts increasingly as they age. Women made up over 62% of the nonwhite population 65+ and over 70% of those 85 and older. This proportion of women and minorities in the older adult population is an important factor to consider particularly with respect to increased levels of poverty, social support and a variety of other characteristics related to service needs.

Living Arrangements - Unlike popular conception, in 1980 over 95% of the 65+ population lived in households, leaving just under 5% living in group quarters or institutional care. For those living in households, 70% were living in families and approximately 26% lived alone. With respect to gender, women are much more likely to live alone due to greater likelihood of widowhood. Even without a spouse, however, men are still less likely than women to live alone. A little more than half (56%) of unmarried men 65+ lived alone compared to 66% of unmarried women.

Income and Poverty - The median family income in 1980 for families where the householder was 65 years of age and older was \$10,145. This represents approximately 60% of the median family income for all families (\$16,792). According to the 1988 Current Population Survey, older adults living at or below poverty comprised almost 21% of the elderly population in North Carolina and is almost double the poverty rate for the national average (12.2%). In 1987 older adults estimates were that older adults in North Carolina were more likely than children to be in poverty-21% of older adults compared to 19% of children.

Examination of race and gender related to likelihood of poverty reveals that the highest rates of poverty occur among people who are older, female, and minority. In 1987 poverty rates range from 10.7% among white men 65-69 to 47.4% for the population of minority women 75 and older. Women average poverty rates about 9 percentage points higher than men in the same race and age categories and minorities average poverty rates almost double those of whites for the same age and gender.

A BRIEF HISTORY OF AGING PROGRAMS IN NORTH CAROLINA

Today almost 1,000,000 persons 60 years old or older live in North Carolina. Every year each one faces all the normal human problems connected with his or her housing, health, income, transportation, gainful activity, food, recreation, and self-preservation. In American society, as in the rest of the western world, age is the principal basis for determining the social activities and opportunities of individuals. The country came to recognize during the great Depression of the 1930's that it had a sense of responsibility for the aged and the poor. As a result, in 1935 Congress passed the Social Security Act, which established social insurance for retired workers, and the Old Age Assistance Program, which provided public assistance for poor elderly people.

With this basic legislation enacted, the expectation came to be that older Americans would live out retirement supported by the "three-legged stool" of pensions, savings, and Social Security. By the 1960's, however, this theory belied the cruel reality. Inflation had eaten away hard-earned savings. Pension funds went bankrupt or workers left before they fulfilled the rigorous 20-year or 30-year "vesting" requirements. Social Security was fixed, and its meager income barely met the older person's minimal monthly expenses. Furthermore, our highly industrialized society meant mandatory retirement and discrimination against older workers in the job force. And to top it off, the astronomical rise in health costs was financially devastating for an elderly person with a long-term illness. Together with these economic changes came the gradual disintegration of the three-generation family-support network.

Despite their magnitude, the benefits of the New Deal, the Social Security Act, and the Old Age Assistance program could not alone meet the diverse and growing needs of the burgeoning elderly population. The first legislative responses to these needs in the last half of this century were the passage in 1965 of Medicare, which provides health insurance for the aged, and Medicaid, which covers health costs of lower-income persons many of whom are elderly. The Age Discrimination in Employment Act, passed in 1967, now protects workers between their 40th and 65th birthdays from discrimination in job promotions and hiring.

In the early 1970's, the congressional lobby for the elderly made substantial strides toward a better life for older Americans. Congress voted to regulate all nursing homes that receive Medicare or Medicaid funds. In 1973, amendments to the 1965 Older Americans Act used large sums in building state and local social services and nutrition programs for the elderly. Later, Congress gave money under this act for special employment programs and "senior centers." In 1974, Congress passed the Supplemental Security Income program (SSI), which in effect guarantees federal minimum income for poor aged, blind, and disabled persons. Also in 1974, Congress enacted Title XX of the Social Security Act which allocates large amounts of federal funds for social services to potentially abused, dependent, and neglected persons, many of whom are elderly.

For the first time, in 1965 legislation created an administrative agency responsible for the affairs of the elderly. The Administration on Aging (AoA) of the Department of Health, Education, and Welfare was charged in the Older Americans Act of 1965 with a series of responsibilities toward the elderly that included virtually every aspect of aging. The initial appropriation of AoA was \$10 million; in 1974 it administered programs with a combined budget of approximately \$400 million. Since 1965, AoA has made funds available to states to assist local government agencies and nonprofit organizations in implementing such activities as coordination of service planning and delivery; advocacy; development of information, referral, and counseling services; establishment of research and demonstration project; and the training of personnel working in the aging field.

The 1973 amendments modified and expanded provisions of the Older Americans Act. For the first time, local-level planning through area agencies on aging became a part of the aging network. Since its creation, AoA has focused some of its programs on specific problems, such as nutrition. It has developed a broad strategy for implementing its more open-ended responsibilities for providing social services. However, AoA has mainly been an administrative vehicle for transferring federal funds to states and area agencies on aging, which in turn determine what needs and problems need attention.

Until just over a decade ago, the elderly segment of the population in North Carolina was ignored by the State political process since those over-65 amounted to less than 8 percent of the population. It was perceived by the State leaders that federal programs like Social Security already served our older population. But since 1977, the elderly have quietly and steadily gained influence at the ballot box which has been recognized by both the executive and legislative branches. They have become a political entity with which to be reckoned.

Several factors may account for the turnaround in the political fortune of the elderly. One, no doubt, is the realization of the implications of the demographic forecasts. Where once the elderly could be overlooked because of their small portion of the population, the seventies and eighties have brought about an increased aging of the population. By the end of the 20th century, North Carolina's elderly will grow to about 15 percent of the population.

In 1977, Governor James B. Hunt, Jr. initiated an emphasis on programs and policies designed to benefit the older population. The Office of Aging within the Department of Human Resources was upgraded to division status and the head of this division was designated as an Assistant Secretary within the Department of Human Resources. Also, the General Assembly approved executive recommendations for increased budget and staff for this new division.

In the same time period, the General Assembly began to recognize the older adult. In the House of Representatives, House Speaker Carl J. Stewart appointed the first standing House Committee on Aging and named State Representative Ernest B. Messer to be chairman. "We are plowing new ground in the field that has been hardly touched," declared Messer shortly after his appointment.

The General Assembly also studied the problems of aging on an annual basis through the Legislative Research Commission process from 1978 until it made its final report to the 1987 General Assembly. Only those issues which the General Assembly deems to be of utmost importance are given study commission status more than once.

The 1987 legislative session proved to be another watershed year for actions affecting aging policy issues. First, on June 4, 1987, the General Assembly passed "An Act to Establish an Aging Policy Plan for North Carolina." This act required the Secretary of the Department of Human Resources to prepare for the General Assembly by December 31, 1987, a statewide aging policy plan. In the same 1987 Session, the General Assembly established the North Carolina Study Commission on Aging with a \$100,000 budget. Many studies are established through resolution, but the North Carolina Study Commission on Aging was established by statute. Therefore, this Commission is designed to continue, not to expire after two years. The General Assembly's purpose for this rather unusual action is to offer a new and substantial forum for North Carolinians concerned about older adults.

NORTH CAROLINA SYSTEM OF COMMUNITY COLLEGES

The North Carolina Community College System serves the aging population by providing direct educational services in the form of courses and programs appropriate to the needs and interests of this clientele and by providing allied health and human services programs for workers who serve older adults. Inasmuch as the system delivers its services in a decentralized structure through its 58 institutions, agency contacts include those at the state level as well as those at the local level.

State Level

Contact: Dr. Neill McLeod, Associate Executive Vice President
(919) 733-7051, Ext. 721

Dr. Sanford Shugart, Vice President for Programs
(919) 733-7051, Ext. 413

Local Colleges

Contact: Aging Education Coordinator
Allied Health Director
(Phone numbers are the same as those for presidents in the following section, "Presidents, etc.")

Presidents of Community and Technical Colleges

Alamance Community College
Dr. W. Ronald McCarter
(919) 578-2002

Blue Ridge Community College
Dr. David W. Sink
(704) 692-3572

Anson Community College
Dr. Edwin R. Chapman
(704) 826-8333

Brunswick Community College
W. Michael Reaves
(919) 754-6900

Asheville-Buncombe Technical
Community College
Harvey L. Haynes
(704) 254-1921

Caldwell Community College and
Technical Institute
Dr. Eric B. McKeithan
(704) 726-2200

Beaufort County Community College
James P. Blanton
(919) 946-6194

Cape Fear Community College
Dr. E. Thomas Satterfield, Jr.
(919) 343-0481

Bladen Community College
Lynn G. King
(919) 862-2164

Carteret Community College
Dr. Donald W. Bryant
(919) 247-6000

Catawba Valley Community College
Dr. Cuyler Dunbar
(704) 327-7000

Central Carolina Community College
Dr. Marvin R. Joyner
(919) 775-5401

Central Piedmont Community College
Dr. Ruth G. Shaw
(704) 342-6633

Cleveland Community College
Dr. James B. Petty
(704) 484-4000

Coastal Carolina Community College
Dr. Ronald K. Lingle
(919) 455-1221

College of The Albemarle
Dr. J. Parker Chesson, Jr.
(919) 335-0821

Craven Community College
Dr. Lewis S. Redd, Interim
(919) 638-4131

Davidson County Community College
Dr. J. Bryan Brooks
(704) 249-8186

Durham Technical Community College
Dr. Phail Wynn, Jr.
(919) 598-9222

Edgecombe Community College
Charles B. McIntyre
(919) 823-5166

Fayetteville Technical Community College
Dr. Craig Allen
(919) 323-1961

Forsyth Technical Community College
Dr. Bob H. Greene
(919) 723-0371

Gaston College
Dr. W. Wayne Scott
(704) 922-6200

Guilford Technical Community College
Dr. Raymond J. Needham
(919) 334-4822

Halifax Community College
Dr. Elton L. Newbern, Jr.
(919) 536-2551

Haywood Community College
Dr. Dan W. Moore
(704) 627-2821

Isothermal Community College
Dr. Willard L. Lewis, III
(704) 286-3636

James Sprunt Community College
Dr. Donald L. Reichard
(919) 296-1341

Johnston Community College
Dr. John Tart
(919) 934-3051

Lenoir Community College
Dr. Lonnie H. Blizzard
(919) 527-6223

Martin Community College
Dr. Travis Martin
(919) 792-1521

Mayland Community College
Dr. Virginia A. Foxx
(704) 765-7351

McDowell Technical Community College
Dr. Robert M. Boggs
(704) 652-6021

Mitchell Community College
Dr. Charles C. Poindexter
(704) 878-3200

Montgomery Community College
Dr. Benny Bryant Hampton
(919) 572-3691

Nash Community College
Dr. J. Reid Parrott, Jr.
(919) 443-4011

Pamlico Community College
Dr. E. Douglas Kearney, Jr.
(919) 249-1851

Piedmont Community College
Dr. H. James Owen
(919) 599-1181

Pitt Community College
Dr. Charles E. Russell
(919) 355-4200

Randolph Community College
Dr. Larry K. Linker
(919) 629-1471

Richmond Community College
Joseph W. Grimsley
(919) 582-1980

Roanoke-Chowan Community College
Dr. Harold E. Mitchell
(919) 332-5921

Robeson Community College
Fred G. Williams, Jr.
(919) 738-7101

Rockingham Community College
Dr. N. Jerry Owens
(919) 342-4261

Rowan-Cabarrus Community College
Dr. Richard L. Brownell
(704) 637-0760

Sampson Community College
Dr. Clifton W. Paderick
(919) 592-8081

Sandhills Community College
Dr. John R. Dempsey
(919) 692-6185

Southeastern Community College
Dr. Stephen C. Scott
(919) 642-7141

Southwestern Community College
Dr. Norman K. Myers
(704) 586-4091

Stanly Community College
Dr. Jan Crawford, Interim
(704) 982-0121

Surry Community College
Dr. Swanson Richards
(919) 386-8121

Tri-County Community College
Vincent W. Crisp
(704) 837-6810

Vance-Granville Community College
Dr. Ben F. Currin
(919) 492-2061

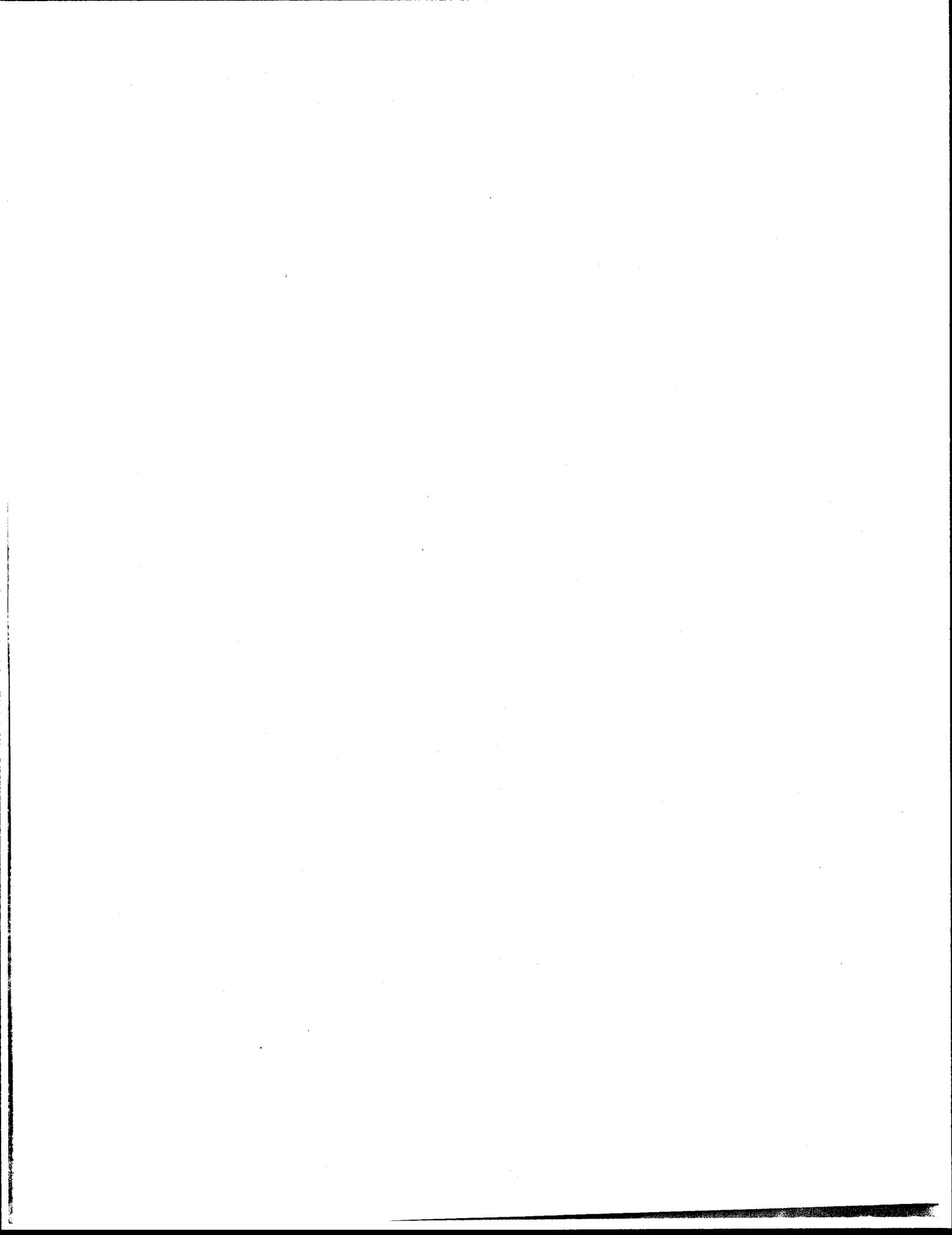
Wake Technical Community College
Dr. Bruce I. Howell
(919) 772-0551

Wayne Community College
Dr. G. Herman Porter
(919) 735-5151

Western Piedmont Community College
Dr. James A. Richardson
(704) 438-6000

Wilkes Community College
Dr. James R. Randolph
(919) 667-7136

Wilson Technical Community College
Dr. Frank L. Eagles
(919) 291-1195



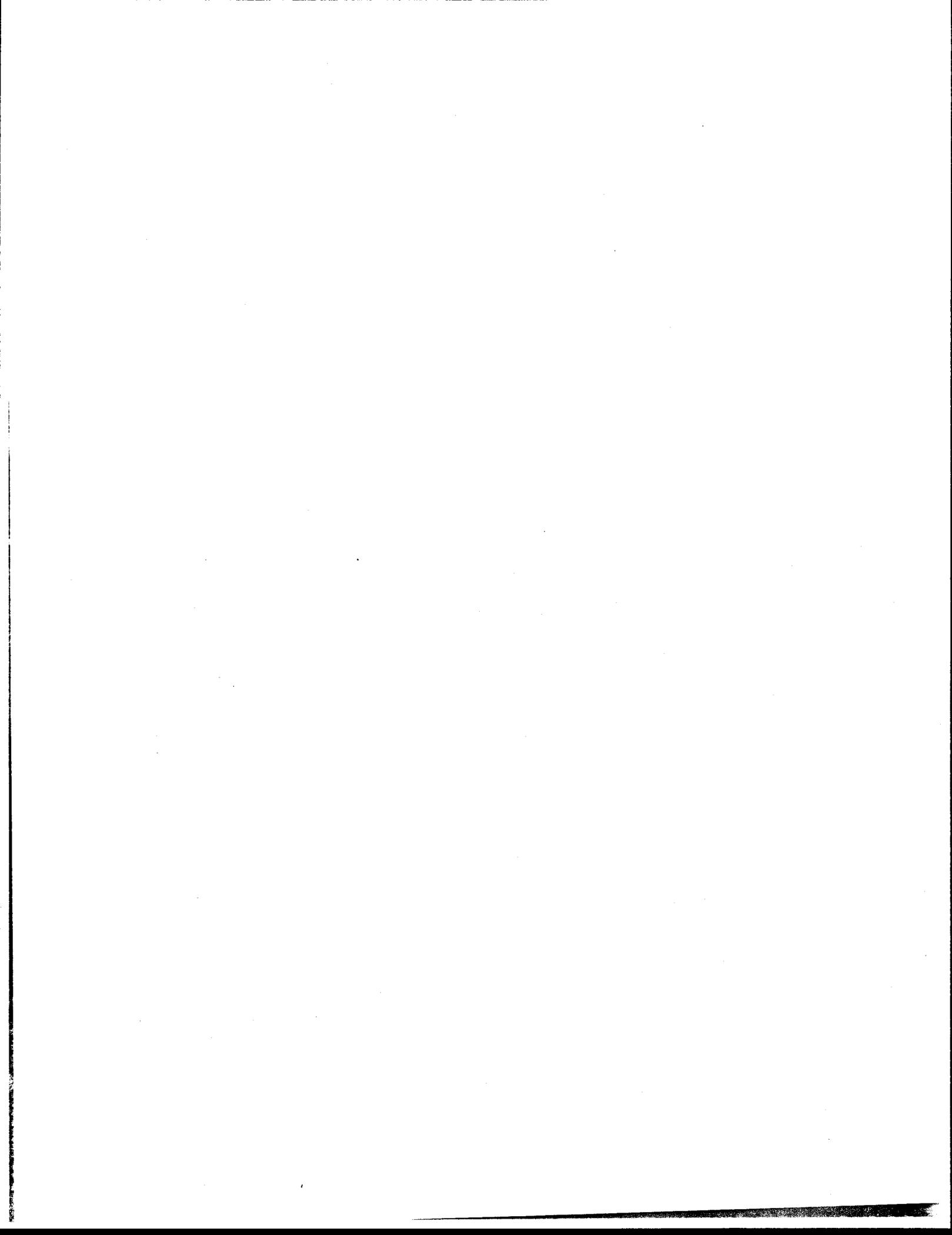
DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT

JOB TRAINING AND PARTNERSHIP ACT

The Division of Employment and Training administers the Job Training Partnership Act (a federal law) and supports the Job Training Coordinating Council which coordinates job training programs throughout state government. Title II-A of the Act provides federal funding for training services for economically disadvantaged adult and youth. Three percent of the State's Title II-A funds must be used to provide job training for the economically disadvantaged who are 55 years of age or older. In program year 1988 North Carolina received \$931,583 for this purpose and served 1,457 older individuals. In 1989 North Carolina received \$828,364.

The Older Workers Committee which is a part of the Council recommended that for program year 1988-89 the Private Industry Councils, as a component of their strategic plans, analyze the needs of older individuals. In conjunction with the local analyses, PICs will identify programmatic needs and develop strategies for placing their older individuals in employment.

Contact: Joel New
 Director of Employment and Training
 (919) 733-6383



ELDERHOSTEL

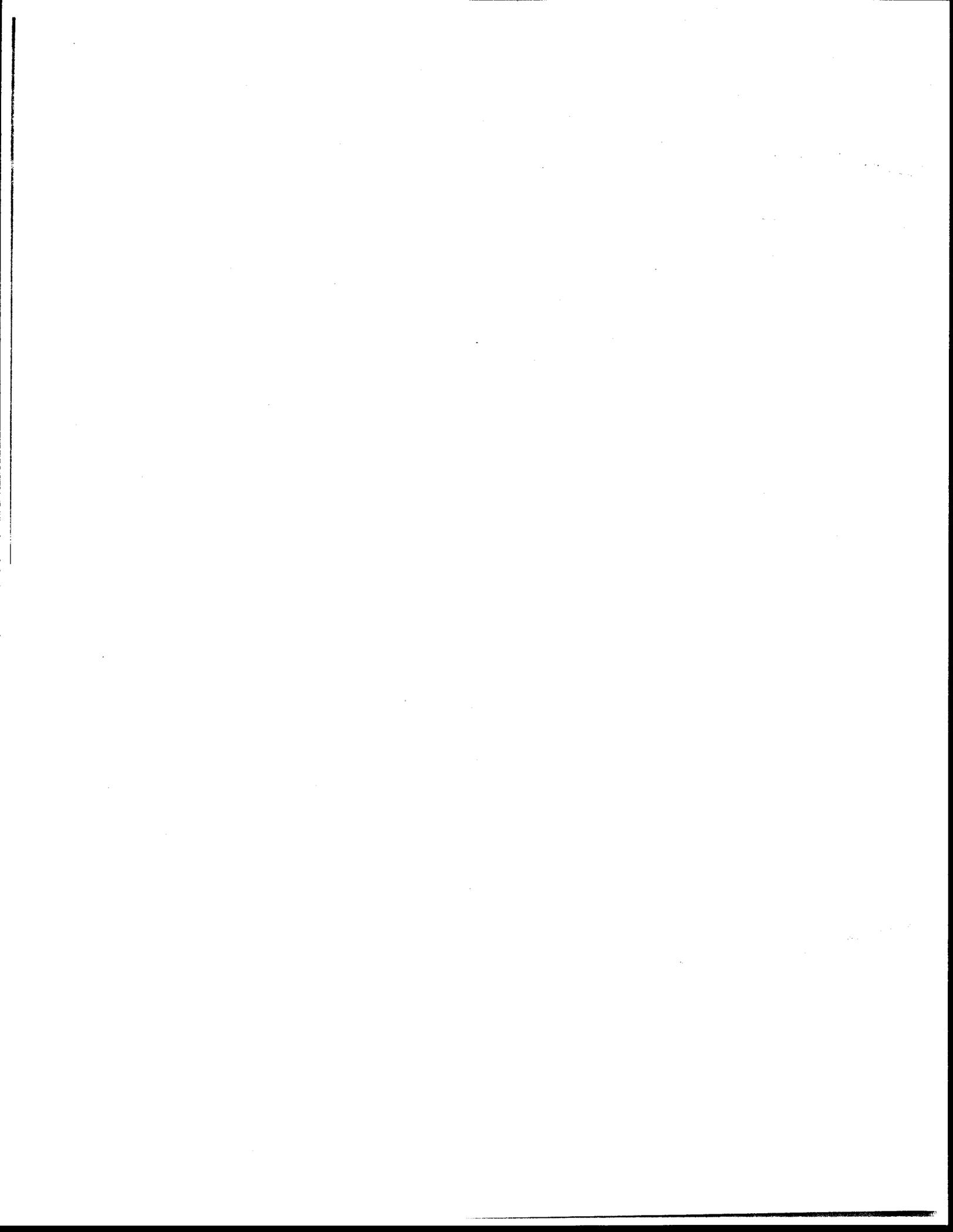
ELDERHOSTEL is a program that brings educational, recreational, and cultural opportunities to people 60 years and older. ELDERHOSTEL, a nationwide program, started in New Hampshire in 1975, is patterned after the youth hostels of Europe. ELDERHOSTELers stay in college dormitories usually in the summer when dormitory space is more readily available. ELDERHOSTEL is offered in all 50 states as well as in many other countries including Canada, Mexico, the British Isles, and much of Europe.

ELDERHOSTEL offers a short-term, residential, academic program which brings a group of older citizens (40-50) to the campus of a college, university, or other educational institution for one week. The participants are housed in residential facilities and take their meals in the local dining hall. Participating institutions design their own programs in accordance with ELDERHOSTEL format and guidelines, offering college level liberal arts courses on a non-credit basis with no homework or testing. The courses do not presume previous knowledge of the subject, and the concentrated one-week format permits hostellers to move on to other programs within the ELDERHOSTEL network.

ELDERHOSTEL is directed in each state by an office identified with one of the participating institutions selected by the national office. The national office is located at 80 Boylston Street, Suite 400, Boston, Massachusetts 02116. The North Carolina office is located at the University of North Carolina-Chapel Hill, CB# 3420, Abernethy Hall, Chapel Hill, North Carolina 27599-3420.

As of January 1, 1990, the maximum ELDERHOSTEL fee in North Carolina is \$295 per person per program week, which includes all costs for tuition, room and board, and course-related activities. Each state develops its own policy for setting state maximum tuition levels, usually at a level lower than the national maximum.

Contact: Bobby D. Wagoner
N. C. State Elderhostel Director
(919) 962-1106



DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES

DIVISION OF ADULT HEALTH

The Division of Adult Health has three functional units to carry out its programs and services: Division Office, Health Promotion Section, and Health Care Section.

DIVISION OFFICE

The Division Office directs and coordinates the activities and administration of its sections and units, is responsible for public health policy regarding adults, and coordinates interagency and public relations.

The Division Office provides support and technical assistance to the Governor's Council on Physical Fitness and Health. The Council promotes physical fitness and health to all ages. A subcommittee has been established to promote exercise programs across the State for older adults.

Guidance, consultation, and coordination regarding public health services and policies for older adults is provided. This assistance is primarily directed toward public health and state government agencies.

Consultation and guidance about public health pharmacy matters is provided through the Division Office.

Contact: Division Office
Georjean Stoodt, Division Director
Leslie Brown, Deputy Division Director
Kweku Laast, Executive Director, Governor's Council on
Physical Fitness and Health
Elaine Stoops, Aging Services Consultant
Charles D. Reed, Pharmacist
(919) 733-7081

Contact: Eastern Counties (Beaufort, Bertie, Camden, Carteret, Chowan, Craven, Currituck, Dare, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Jones, Lenoir, Martin, Nash, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington, Wilson)
Regional Program Supervisor
Regional Nursing Consultant
(919) 756-1343

North Central Counties (Alamance, Caswell, Davidson, Davie, Forsyth, Franklin, Granville, Guilford, Iredell, Mecklenburg, Person, Randolph, Rockingham, Rowan, Stokes, Stanley, Surry, Union, Vance, Warren, Yadkin)
Regional Program Supervisor
Regional Nursing Consultants
(919) 761-2390

South Central Counties (Anson, Bladen, Brunswick, Chatham, Columbus, Cumberland, Duplin, Durham, Harnett, Hoke, Johnston, Lee, Montgomery, Moore, New Hanover, Orange, Pender, Richmond, Robeson, Sampson, Scotland, Wake, Wayne)
Regional Program Supervisor
Regional Nursing Consultants
(919) 486-1191

Western Counties (Alexander, Alleghany, Ashe, Avery, Buncombe, Burke, Caldwell, Catawba, Cherokee, Clay, Cleveland, Gaston, Graham, Haywood, Henderson, Jackson, Lincoln, McDowell, Macon, Madison, Mitchell, Polk, Rutherford, Stanley, Swain, Transylvania, Watauga, Wilkes, Yancey)
Regional Program Supervisor
(704) 669-3351
Regional Nursing Consultants
(704) 669-3349 or (704) 669-3390

HEALTH PROMOTION SECTION

This section establishes and maintains cooperative relations with local health departments and other health services providers in order to improve the health status, quality of life and productivity of adult North Carolinians by preventing disease, disabilities and injury. Includes Adult Health, Arthritis, Diabetes, Health Promotion, Hypertension, and Renal Disease Prevention.

Contact: Meredith Cosby, Section Chief
(919) 733-7081

Adult Health Program - Purpose is to reduce premature death and disability from cardiovascular disease, cancer, diabetes, and hypertension, and to reduce disability from glaucoma. Local health departments with Adult Health Programs may provide services which include health history or risk assessment, screening, patient education and counseling, nutrition education, referral to medical care for evaluation and treatment, and follow-up care. Some health departments provide primary care as part of this program.

Contact: Jackie Houston, Lead Nursing Consultant
(919) 733-7081

Arthritis Program - Purpose is to limit disability and long-term suffering from arthritis. Clinical services may include: health history and risk assessment, screening, patient education, referral to medical care for evaluation, treatment, and follow-up. Services also include, nutrition counseling for weight management, and self-care skills.

Contact: Jackie Houston, Lead Nursing Consultant
(919) 733-7081

Diabetes Control Program - Purpose is to reduce complications and premature deaths among people with diabetes. Local health departments with Diabetes Control Programs provide services geared to the needs of patients. These services include health history and risk assessment, screening, patient education and counseling, nutrition education, and referral to medical care for evaluation, and treatment. Local health departments work with local physicians in the followup of patients who have difficulty adhering to diabetes related complications.

Contact: Angie Hemingway, Diabetes Control Program Coordinator
(919) 733-7081

Statewide Health Promotion Program - Purpose is to reduce the known, prevalent, preventable/modifiable risk factors for North Carolina's leading causes of death: cardiovascular disease, cancer, and injuries. Each local health promotion program is planned and implemented based on community needs. Local programs may focus on nutrition, cholesterol, weight management, physical fitness, smoking and tobacco use cessation, hypertension, and others.

Contact: Sally Malek, Program Development Coordinator
(919) 733-7081

Hypertension Program - Purpose is to reduce premature death and disability from hypertension, more commonly known as high blood pressure. Local health departments with programs provide clinical and community-based services geared toward local needs. These include health history and risk assessment, screening, patient education and counseling, nutrition education, and referral to medical care for evaluation and treatment.

Contact: Jackie Houston, Lead Nursing Consultant
(919) 733-7081

Renal Disease Prevention Activity - Purpose is to reduce uncontrolled hypertension and diabetes which are predisposing factors for renal disease. The focus of this activity is on interventions for nutritional risk factors for persons with diabetes and hypertension.

Contact: Jackie Houston, Lead Nursing Consultant
(919) 733-7081

HEALTH CARE SECTION

The goal of the Health Care Section is to improve the health status, quality of life and productivity of medically indigent and other disadvantaged residents of North Carolina by reimbursing providers who deliver specified preventive health, treatment, and medical care services.

Contact: Steve Sherman, Section Chief
(919) 733-7081

Cancer Control Program - Supports detection and screening clinics in local health departments and reimbursement of medical providers for diagnostic and treatment services rendered to indigent North Carolinians who are not eligible for any third party reimbursement. Educational efforts focus on promoting the prevention of and screening for breast, cervical, oral, and skin cancers.

Contact: Don Batts, Program Manager
(919) 733-7081

Epilepsy and Neurological Disorder Program - Purposes are to help persons with these conditions obtain adequate medical care; to provide funds to purchase anticonvulsant medications for persons with epilepsy who are indigent or have befallen temporary misfortune which has depleted their resources; and to provide public and professional education. The Program also supports the Epilepsy Information Services operated by Bowman Gray School of Medicine.

Contact: John C. Griswold, Home Health & Epilepsy Programs Manager
(919) 733-7081

Home Health Services Program - Purpose is to assure the availability of home health services throughout the state and to provide access to all individuals who are in need of services and unable to pay for them. The Program contracts with certified home health agencies to deliver these services. Effective October 1988 the Division received a three-year federal grant to develop a program to improve and better enable existing systems of home health care to help low-income individuals at risk avoid lengthy stays in hospitals or institutions.

Contact: John C. Griswold, Home Health Services Program Manager
Hope Lucas, Home Care Services in the Home Project Manager
(919) 733-7081

Renal Disease Program - Purpose is to assist low-income chronic irreversible kidney disease or end stage renal disease (ESRD) patients by helping to assure that dialysis services are available to them. The Program also assists patients with the purchase of drugs and ancillary supplies and costs associated with transportation and other related necessities to their ESRD diagnosis.

Contact: Marion White, Program Manager
(919) 733-7081

DIVISION OF PARKS AND RECREATION

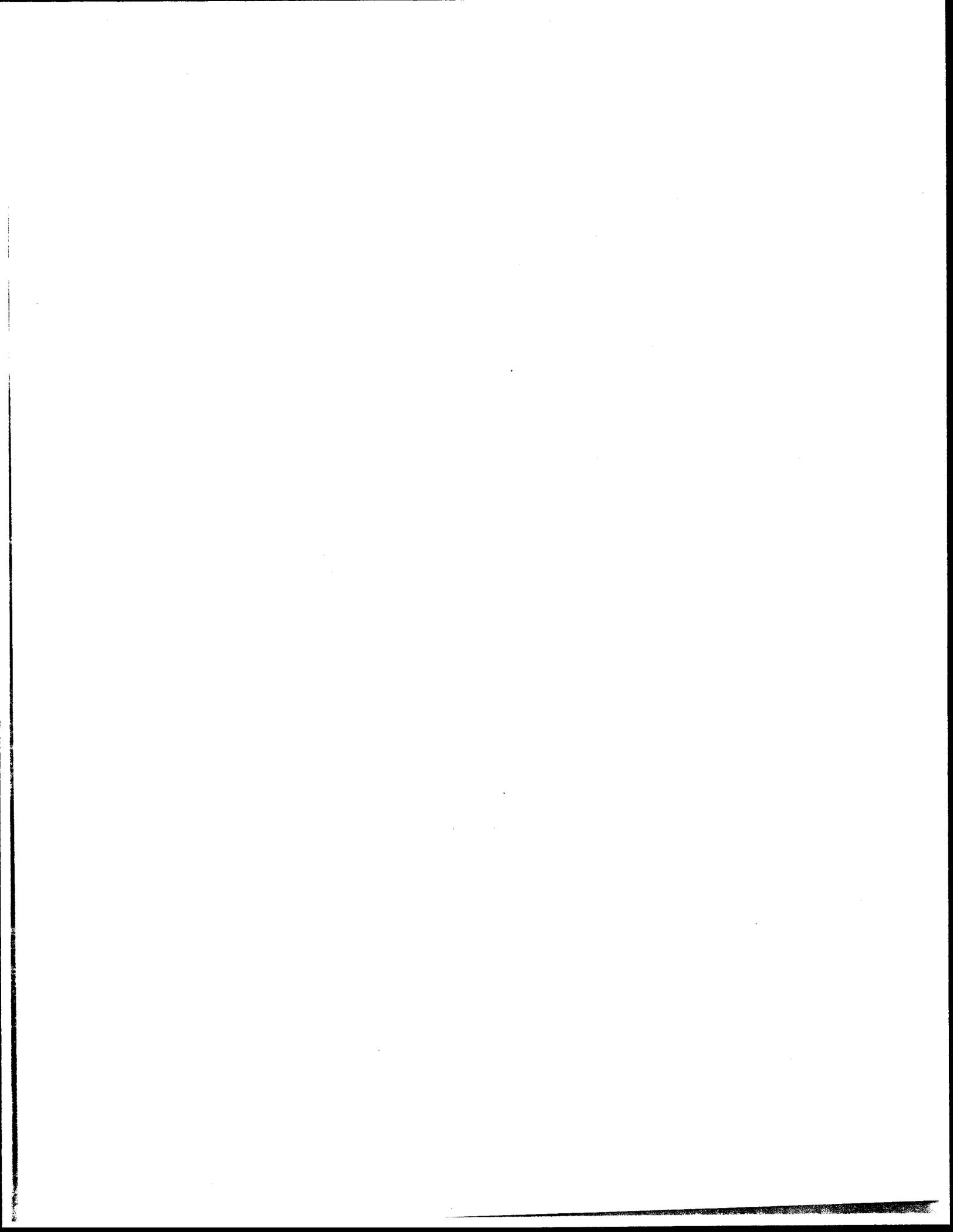
The Division of Parks and Recreation administers the statewide system of park and recreation resources which includes parks, natural areas, recreation areas, trails, lakes, and natural and scenic rivers. The Division is also responsible for the Land and Water Conservation Fund Program, a federal matching-fund program which supports outdoor recreation, conservation, and statewide recreation planning. Recreation consulting services are provided through a cooperative agreement with NCSU.

The Division provides, where possible, access to all its facilities and areas for the older population of North Carolina. Degree of accessibility varies depending on natural characteristics of the parks and funding for retro-fitting.

Contact: Individual Parks or Central Office
Tom Wells
(919) 733-4181

The Recreation Resources Service (RRS) located at NCSU provides a wealth of service to the aging populations. Complete information is available on construction, design, programs and funding for senior centers. RRS co-sponsors NC Senior Games and makes available such publications as: Access Guide to Parks and Recreation in North Carolina for People Who Need Special Assistance, Outdoor Recreation for the Disabled in North Carolina, Pep Up Your Life, A Fitness Book for Seniors, and A Healthy Old Age: A Source Book for Health Promotion with Older Adults. RRS also provides technical assistance, continuing education, consulting services and applied research pertaining to all facets of parks and recreation in North Carolina.

Contact: NCSU
Director of Recreation Resources Service
(919) 737-7118



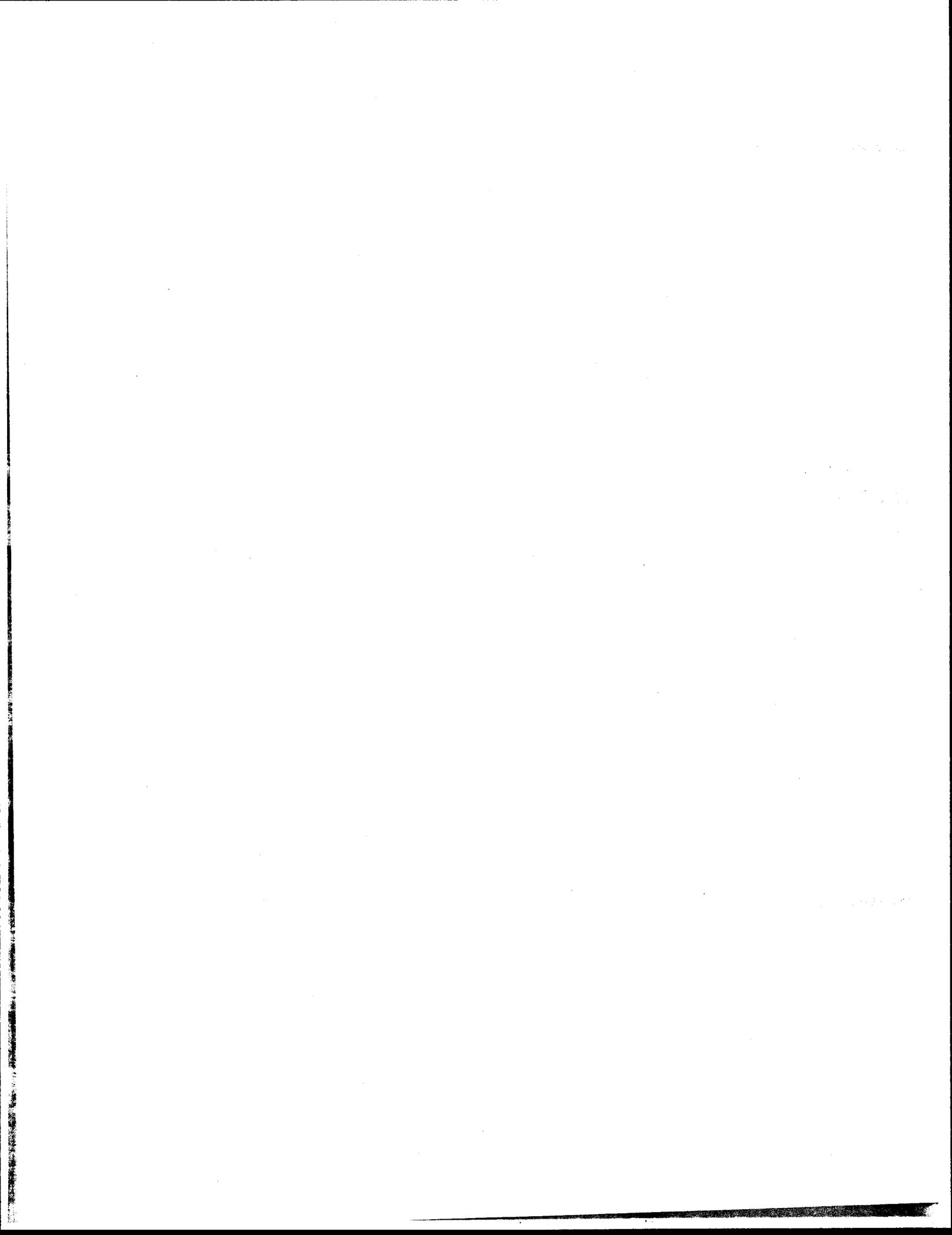
NORTH CAROLINA HOUSING FINANCE AGENCY

The North Carolina Housing Finance Agency was created in 1973 by the General Assembly to provide affordable housing for the state's low and moderate income citizens. The mission of the agency is to operate federal and state programs that assist first-time home buyers, finance rental units for low income families, and rehabilitates older units.

Several of these programs help with the housing needs of the aging. Three congregate care projects have been financed. The agency provides federal and state funded rent subsidies for rental housing and federal and state rehabilitation loans and grants for owner-occupied homes. These benefit households with the head of the household 65 years of age or older. In 1989 the Agency was involved with real estate development activity of which approximately 2500 housing units were provided for the elderly and \$7 million was provided to 37 apartment projects for the elderly. The Housing Trust Fund, created by the 1987 General Assembly, allows the Agency to make flexible loans to rehabilitate old units and construct new ones.

The Agency is currently participating with the Division of Aging in a federally funded demonstration program that involves developing a North Carolina model for home equity conversion.

Contact: Robert Kucab, Executive Director
North Carolina Housing Finance Agency
(919) 781-6115



DEPARTMENT OF HUMAN RESOURCES

DIVISION OF AGING

The Division of Aging is the state agency responsible for planning, administering, coordinating, and evaluating the activities, programs, and services developed under the Older Americans Act and related programs for the aging. As the state agency on aging, the Division of Aging has the responsibility to: develop, administer, and monitor the activities of the State Plan on Aging; be primarily responsible for the coordination of all statewide activities related to the purposes of the Older Americans Act; divide the entire state into distinct planning and service areas; designate an Area Agency on Aging (AAA) for each planning and service area; review and approve the area plans developed by North Carolina's Area Agencies; monitor, assess, and evaluate the implementation of each area plan, including progress toward the achievement of the objectives set forth in each area plan; and carry out all other appropriate functions and responsibilities as prescribed under the Older Americans Act, federal regulations (Title III-OAA), the State Plan on Aging and under North Carolina laws, rules, and regulations.

State aging mandates established by state law in 1977 for the Division of Aging include the following:

1. To maintain a continuing review of existing programs and unmet needs for the aging in North Carolina, and periodically make recommendations to the Secretary of the Department of Human Resources, to the Governor and to the General Assembly, as appropriate, for improvements in and additions to North Carolina's programs for the aging;
2. To study, collect, maintain, publish and disseminate factual data and pertinent information relative to all aspects of aging. These include the social, economic, educational, recreational and health needs and opportunities of the aging;
3. To stimulate, inform, educate, and assist local organizations (public and private), the community at large and older people themselves about aging, including needs, resources and opportunities for the aging, and about the role they can play in improving conditions for the aging;
4. To serve as the agency through which various public and private organizations concerned with the aged can exchange information, coordinate programs and be encouraged and assisted to engage in joint endeavors;
5. To provide advice, information and technical assistance to North Carolina State Government departments and agencies, to nongovernmental organizations and to local organizations which may be considering the inauguration of services, programs, or facilities for the aging, or which can be stimulated to take such action;
6. To coordinate governmental programs with private agency programs on aging in order that such efforts can be made more effective, and to reduce unnecessary duplication and wasted effort;

7. To promote employment opportunities, as well as proper and adequate recreational use of leisure for older people, including opportunities for uncompensated but satisfying volunteer work;
8. To identify research needs, encourage research, and assist in obtaining funds for research and demonstration projects;
9. To establish, or help to establish, demonstration programs or services to the aging;
10. To assist in the development and operation of programs aimed at addressing the unmet needs of older persons;
11. To promote the development of adequate training resources for professional and non-professional personnel in the field of aging;
12. To plan and administer all appropriate Titles of the Older Americans Act, in conformance with federal and state regulations; and
13. To administer special state or other funds for the aging assigned to it by the state.

Additional legislation ratified in 1989 requires the development of a State Aging Services Plan by March, 1991, and every two years thereafter. House Bill 69, Chapter 52 of the 1989 General Assembly Session Laws, requires the Division of Aging to submit to the General Assembly a regularly updated plan for serving older adults. The plan shall include the following four components:

1. A detailed analysis of the needs of older adults based on existing available data;
2. A clear statement of the goals of the state's long term public policy on aging;
3. An analysis of services currently provided and an analysis of additional services needed; and
4. Specific implementation recommendations on expansion and funding of current and additional services and service levels.

AREA AGENCIES ON AGING

The Division of Aging awards grants to the eighteen Area Agencies on Aging for service program. The Area Agencies on Aging which are located in Councils of Governments or Multicounty Planning and Development Commissions cover all one hundred counties in the state. The Area Agencies on Aging in turn, contract out for services with the counties based on a competitive bidding environment. The Area Agencies have responsibility for planning for services in each county in their respective regions, and specifically to identify service priorities for funding. Area Agencies are charged with developing comprehensive and coordinated community based service systems for older adults. Area Agencies contract with an array of service provider organizations in each county. Service providers include public agencies, private non-

profit organizations, and private profit-making organizations. Examples of typical service providers are: county aging departments, councils on aging, Department of Social Services, Health Department, community action agencies, senior centers, regional transportation programs, local transit authorities, home health agencies, etc.

The following are examples of typical services provided.

Transportation - This is a service which provides travel (through a cooperative effort with the Department of Transportation) to or from service providers, community resources, or other designated areas in order to provide access to necessary services including medical and human services, shopping, recreation, and nutrition sites.

Information and Referral - Information is provided about services available and efforts to assist individuals in identifying the types of assistance needed, place individuals in contact with appropriate services, and followup to determine whether services were received and met the identified needs.

Outreach - Agency provides activities to increase the public awareness of services to older persons and information on available services to older adults in order to connect them with resources in the community.

Comprehensive Health Screening - General medical testing, screening, and referral is provided to promote the early detection and prevention of health problems of older persons.

Homemaker/Home Health Aide - This service involves the performance of personal care, household tasks and/or assistance in household management in order to provide home management and/or personal care services aimed at maintaining a person's independence within his/her own home which aid in achieving or maintaining self-sufficiency, including reduction or prevention of dependency. The target group consists of frail or impaired older adults and/or their spouses who need help in maintaining, strengthening, and safeguarding their care in their own home.

Chore Service - Performs tasks incidental to the activities of daily living, which enables the older individual more self-sufficiency within their own home. Service activities may include home management tasks and basic personal care tasks and certain specialized personal care tasks (performed only with special training and/or with supervision of nurse or other appropriate professional).

Home Health Services - Provides health care prescribed by a physician and given in the home which is aimed at maintaining or improving a person's health status within his/her own home. These services include skilled nursing service, therapy services (physical therapy, occupational therapy, speech therapy), medical social services, and health promotion services.

Respite Care - This service provides needed relief to caregivers of patients who cannot be left alone because of mental or physical problems. The objective of this service is to provide relief time for unpaid caregivers who are caring for patients who require constant supervision and who cannot be left alone either because of memory impairment or other problems that make them subject to wandering or make them dangerous to themselves or others, or because of physical immobility regardless of etiology, that renders them unsafe alone. These services are aimed toward preventing premature long term institutionalization of the patient. Service activities may include:

attendance and companion services for the patient in order to provide release time to the caregiver; personal care services including meal preparation to the patient or the caregiver; patient assessment and care planning for the patient or the caregiver; counseling and training in the caregiver role including coping mechanisms and behavior modification techniques; counseling in accessing available local, regional, and state services; and temporary placement of the patient in a care-providing facility.

Housing Counseling/Assistance - Advocacy, counseling and service efforts are provided to assist clients in locating and/or maintaining suitable living arrangements. Service objectives include: providing professional counseling regarding the availability of housing options in the community; developing a range of housing alternatives, services and resources for the purpose of improving and expanding housing choices; and assisting older adults in obtaining suitable housing options to meet their needs.

Home Improvement and Repair - Provides labor and/or materials for minor renovations and repairs for dwellings to remedy conditions which are at risk to the personal health and safety of older adults. The objective of this service is to upgrade the condition of older person's residence which will improve its energy efficiency, structural integrity and safety, and maintain the older adult independently in the home. Service activities include: minor carpentry repairs; minor plumbing; minor electrical; locks and other security features; minor paint jobs; weather-stripping doors and windows; and home modifications (i.e., ramps, rails, grab bars, etc.).

Legal Services - Provides older people with information on their legal rights, legal advice, legal benefits, entitlements, and/or appeals when referral to a human service agency or a pro bono service is inappropriate, and preventive measures such as community education. The objective of this service is to protect and secure the rights, benefits, and entitlements of older persons.

Employment Referral - Provides assistance in finding employment opportunities for older adults and advocating for employment of the older adult. This service links older adults with employers and creates community awareness in employing the older worker.

Adult Day Care - Provides a service involving socialization, rehabilitation and supervision of impaired and/or frail older persons in a group setting during the day. This service is designed to maximize functional capacities of impaired older persons through provision of health and social supports and provide, as appropriate, respite to primary caregivers.

Mental Health Counseling - Provides a process of evaluation and/or treatment of persons who have emotional or behavioral problems that require the intervention of a mental health professional. Service activities include: evaluation of the need for mental health counseling; provision of individual, group or family counseling if specified in treatment plan; referrals for services, other than counseling which are specified in the treatment plan.

Senior Center Operations - These community centers are designed for the organization and provision of a broad program of services and activities which shall include but not be limited to: outreach, provision of enriched information and referral; health promotion; social, nutritional, and educational services; and recreational activities for older adults. The objective of these services are to: provide an accessible location acceptable to individuals and groups of older adults and their families for the coordination of services and activities in a designated geographic area; provide

opportunities that encourage older adults to use their skills, develop their potential and continue their involvement with the community; provide older adults with the opportunity for multiple roles as decision makers, paid and/or volunteer staff, participants in activities and recipients of services as appropriate; provide opportunities for older adults to become more physically active, mentally challenged, emotionally supported, and socially involved.

Senior Center Development - The program includes the acquisition, construction, expansion, renovation, and the purchase of equipment for a multipurpose senior center. The term "multipurpose senior center" means a community facility for the organization and provision of a broad spectrum of services, which shall include but not be limited to; provision of health, social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals.

Case Management - Provides for a systematic methodology which incorporates case finding, assessment, goal setting, care planning, negotiation, care plan implementation, monitoring, advocacy, followup, reassessment, and case termination to assist the client in obtaining the services necessary to ensure effective and appropriate quality care to meet the clients' multiple needs within home and community care systems.

Health Promotion - Provides activities to maintain and improve the health and well-being of older adults. Health promotion focus areas may include, but not be limited to: exercises/physical fitness, nutrition/diet, drug management, accident prevention/injury control, smoking cessation, mental health/stress management, immunization, dental health, vision care, foot care, and environmental health. The objective of this services is to maximize independence, promote healthy lifestyles, and encourage individuals to take more self-responsibility for their health and well-being.

Congregate Nutrition - Provides meals in a group setting. The purpose of this service is to promote the health and well-being of older people through the provision of a nutritious meal and to provide opportunities for health, education, social, recreation services and other community services.

Home Delivered Meals - Delivers meals to a home-bound older person. The objective is to help maintain or improve the health of an impaired older person by providing nutritionally balanced meals served in their homes to enable the home-bound older person to remain in his/her home as long as possible.

Long Term Care Ombudsman Program - This program through an advocacy network of the State Long Term Care Ombudsman, Regional Ombudsman, and Nursing/Domiciliary Home Community Advisory Committees, protects and improves the quality of care and life for residents of long term care facilities. It accomplishes this through the establishment of a program to assist residents, families and providers in the resolution of complaints or common concerns to promote community involvement and volunteerism in long term care facilities and to educate the public about the long term care system.

Senior Community Service Employment Program - The major objectives of the senior employment program are to meet two significant needs of the elderly, low income persons--for additional income and to regain a sense of involvement with the community and mainstream of life. This program is designed to meet both of these needs simultaneously through the establishment of federally subsidized part-time community service work experience and training opportunities. To be selected as a

participant an individual must be 55 years of age or older, have an income not exceeding the U. S. Department of Labor guidelines for the disadvantaged, and be unemployed, underemployed or has had or would have difficulty in securing employment.

Caregiver Support Initiative - Purpose is to support the increasingly important role that caregivers play in meeting the needs of the chronically ill and disabled older persons. The following six objectives have been established:

1. Develop an educational/marketing campaign to educate caregivers about available resources and services.
2. Provide or coordinate with other agencies and groups to offer training for aging network personnel related to enhancing caregiver support services.
3. Design a strategy for working with businesses, industries and other employers to enhance support services/resources provided to employed caregivers.
4. Design and implement a volunteer interfaith support program to provide relief for primary caregivers of frail older adults and to provide needed services to older adults living independently. A component of this program will be a clergy education initiative designed to train ministers in working with older adults and their families.
5. Continue to play a leadership role in efforts to strengthen the Alzheimer's support activities in the state.
6. Serve as a resource to outside agencies and groups with existing caregiver support programs for enhancement.

Contact: Division of Aging
Bonnie Cramer
(919) 733-3983

Region A - Bryson City
(Cherokee, Clay, Graham, Haywood, Jackson, Macon, Swain Counties)
Southwestern NC Planning & Economic Development Commission
Mary Barker
(704) 488-2911

Region B - Asheville
(Buncombe, Henderson, Madison, Transylvania Counties)
Land-of-Sky Regional Council
Joan Tuttle
(704) 254-8131

Region C - Rutherfordton
(Cleveland, McDowell, Polk, Rutherford Counties)
Isothermal Planning & Economic Development Commission
Sybil Walker
(704) 287-2281

Region D - Boone
(Alleghany, Ashe, Avery, Mitchell, Watauga, Wilkes, Yancey Counties)
Region D Council of Government
Barbara Barghothi
(704) 264-5558

Region E - Hickory
(Alexander, Burke, Caldwell, Catawba Counties)
Western Piedmont Council of Government
Tami Hefner
(704) 322-9191

Region F - Charlotte
(Cabarrus, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanley, Union Counties)
Centralina Council of Government
Sue Archer
(704) 372-2416

Region G - Greensboro
(Alamance, Caswell, Davidson, Guilford, Randolph, Rockingham Counties)
Piedmont Triad Council of Government
Kim Dawkins-Berry
(919) 294-4950

Region H - Rockingham
(Anson, Montgomery, Moore, Richmond Counties)
Pee Dee Council of Government
Karen Coble
(919) 895-9346

Region I - Winston-Salem
(Davie, Forsyth, Stokes, Surry, Yadkin Counties)
Northwest Piedmont Council of Government
Rodessa Mitchell
(919) 722-9346

Region J - Research Triangle Park
(Chatham, Durham, Johnston, Lee, Orange, Wake Counties)
Triangle J Council of Government
David Moser
(919) 549-0551

Region K - Henderson
(Franklin, Granville, Person, Vance, Warren Counties)
Region K Council of Government
Steve Norwood
(919) 492-8561

Region L - Rocky Mount
(Edgecombe, Halifax, Nash, Northampton, Wilson Counties)
Region L Council of Government
Zelma Hillsman
(919) 446-0411

Region M - Fayetteville
(Cumberland, Harnett, Sampson Counties)
Mid-Carolina Council of Government
Margaret Hardee
(919) 323-4191

Region N - Lumberton
(Bladen, Hoke, Robeson, Scotland Counties)
Lumber River Council of Government
Betty Rising
(919) 738-8104

Region O - Wilmington
(Brunswick, Columbus, New Hanover, Pender Counties)
Cape Fear Council of Government
Carolyn Soders
(919) 763-0191

Region P - New Bern
(Carteret, Craven, Duplin, Green, Jones, Lenoir, Onslow, Pamlico,
Wayne Counties)
Neuse River Council of Government
Rhonda Wheeler
(919) 638-3185

Region Q - Washington
(Beaufort, Bertie, Hertford, Martin, Pitt Counties)
Mid-East Commission
Louisa Cox
(919) 946-8043

Region R - Hertford
(Camden, Chowan, Currituck, Dare, Gaston, Hyde, Pasquotank,
Perquimans, Tyrrell, Washington Counties)
Albemarle Commission
Lee Riddick
(919) 426-5753

ALZHEIMER'S DISEASE SUPPORT ACTIVITIES

The Division of Aging has taken an active role in advocating for programs and services for Alzheimer's Disease victims and their families. A staff person at the agency has been designated to provide information and referral in response to questions from victims and families and to coordinate advocacy efforts for the Division related to developing and strengthening family support activities.

The Division contracts with Duke University Medical Center to fund a statewide central resource facility which provides assistance to the four Alzheimer's Association Chapters in the state and to professionals and family caregivers of persons suffering from dementia. The Duke Program provides information and referral, education and training, and consultation services.

Contact: Division of Aging
Mary Bethel
(919) 733-3983

Duke Family Support Program
Lisa Gwyther or Edna Ballard
1-800-672-4213 or (919) 684-2328

Eastern NC Alzheimer's Association Chapter - Raleigh
(Beaufort, Bertie, Bladen, Brunswick, Camden, Carteret, Chatham, Chowan, Columbus, Craven, Cumberland, Currituck, Dare, Durham, Duplin, Edgecombe, Franklin, Gates, Granville, Greene, Halifax, Harnett, Hertford, Hoke, Hyde, Johnston, Jones, Lee Lenoir, Martin, Nash, New Hanover, Northampton, Onslow, Orange, Pamlico, Pasquotank, Pender, Perquimans, Person, Pitt, Roberson, Sampson, Scotland, Tyrrell, Vance, Wake, Warren, Washington, Wayne, Wilson Counties)
Alice Watkins or Lisa Honeycutt
1-800-228-8738 or (919) 832-3732

Southern Piedmont Alzheimer's Chapter - Charlotte
(Anson, Cabarrus, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Montgomery, Moore, Richmond, Rowan, Stanley, Union Counties)
Paul Allen or Gail Linker
(704) 532-7390

Traid Alzheimer's Chapter - Winston-Salem
(Alamance, Caswell, Davidson, Davie, Forsyth, Guilford, Randolph, Rockingham, Stokes, Surry, Yadkin Counties)
Janet Sawyer or Mary Pohl
1-800-228-9794 or (919) 722-0811

Western NC Alzheimer's Chapter - Asheville
(Alexander Alleghany, Ashe, Avery, Buncombe Burke, Caldwell, Catawba, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes, Yancey Counties)
Vera Guise
1-800-522-2451 or (704) 254-7363

DIVISION OF ECONOMIC OPPORTUNITY

The Division of Economic Opportunity formerly known as the State Economic Opportunity Office was established in 1966 to provide training and technical assistance to Community Action Agencies. In 1981 the Division was assigned the responsibility of administering the federal community Services Block Grant Program. Since that

time, the Division has assumed the responsibility for administering two additional programs-the state funded Community Action Partnership Program and the federally funded Emergency Services Homeless Grant Program.

The major goals of the Division are:

1. To encourage local grantees to develop and administer new and innovative projects which better address the causes, conditions, and problems arising as a result of the changing characteristics of the poverty.
2. To serve as an advocate for low-income families on the state level.
3. To foster improved management capabilities among grantees.
4. To promote the use of CSBG funds in all counties of the state.

Each of the grantees which operate programs to benefit the poor is unique. The programs and services they provide vary according to the needs of the community. Under the leadership of a Board of Directors, the local agency decides which programs will be undertaken in their community. Grantees serve urban, suburban, and rural populations.

COMMUNITY ACTION AGENCIES

Community Action Agencies have been involved in services to senior citizens since their inception. Shortly after the enactment of the Office of Economic Opportunity Act of 1964, funds were made available to Community Action Agencies to establish senior opportunity service programs. These programs were designed to provide various services to low-income senior citizens. In most areas of North Carolina, Community Action Agencies operated Aging Administration programs through contracts prior to the growth of county council on aging.

Currently eleven Community Action Agencies have contracts with local Area Agencies on Aging to provide services to senior citizens. Additionally two agencies operate Foster Grandparents and RSVP programs funded by ACTION. Two Division grantees have as their purpose the provision of services to the low-income elderly. These agencies are the North Carolina Senior Citizens Federation which operates state-wide and United Senior Services which serves Jones, Craven, and Pamlico counties.

Elderly citizens continue to be a significant segment of the clientele served by Community Action Agencies although few agencies operate programs exclusively for them. They participate fully in agencies projects which include housing, employment, emergency assistance, information and referral, nutrition and income management.

Contact: Edith Hubbard, Director
(919) 733-2633

Alamance County Community Action
Ometta Corbett
(919) 229-7031

Blue Ridge Community Action (Alexander, Burke and Caldwell)
Kenneth L. Cox
(704) 438-6255

Blue Ridge Opportunity Commission (Ashe, Alleghany, Wilkes)
Elizabeth U. Baker
(919) 667-7174

Carteret Community Action (Carteret, Craven, Pamlico)
Leon Mann, Jr.
(919) 728-4528

Charlotte Area Fund
Kirk T. Grosch
(704) 372-3010

Choanoke Area Development Association
(Bertie, Halifax, Hertford, Northampton)
Joyce Garrison
(919) 539-4155

Cumberland County Community Action
Kenneth G. Smith
(919) 485-6131

Davidson County Community Action
Donald Walser
(704) 249-0234

Dupenza Services (Duplin)
Lester Moore
(919) 289-2088

Economic Improvement Council
(Camden, Chowan, Currituck, Dare, Gates, Hyde, Pasquotank,
Prequimans, Tyrrell, Washington)
Fentress T. Morris
(919) 482-4459

Experiment in Self-Reliance (Forsyth)
Robert B. Law
(919) 722-9400

Four County Community Services
(Bladen, Hoke, Robeson, Columbus, Pender, Scotland)
Richard Greene
(919) 277-3500

Four Square Community Services
(Cherokee, Clay, Graham, Swain)
H. Tommy Moore
(704) 321-4475

Franklin-Vance-Warren Opportunity (Franklin, Vance, Warren)
William S. Owens
(919) 492-0161

Gaston Community Action (Gaston)
Joseph W. Dixon
(704) 866-8721

Greene Lamp (Greene, Lenoir)
Ida Whitfield
(919) 747-8146

Guilford Community Action (Guilford)
Earl Jones
(919) 274-4673

I Care (Iredell)
Paul B. Wilson
(704) 872-8141

Johnston-Lee Community Action (Johnston, Lee)
Marie Watson
(919) 934-2145

Joint Orange-Chatham Community Action (Orange, Chatham)
Gloria M. Williams
(919) 542-4781

Macon Program for Progress
Mary Ann Sloan
(704) 524-4471

Martin County Community Action (Beaufort, Martin, Pitt)
Haywood L. Harris
(919) 792-7111

Mountain Projects (Haywood, Jackson)
Bob Leatherwood
(704) 452-1447

Nash-Edgecombe Economic Development
(Nash, Edgecombe, Wilson)
A. J. Richardson
(919) 442-8081

Operation Breakthrough (Durham)
Fred D. McNeill, Jr.
(919) 688-8111

Opportunity Corporation of Madison-Buncombe
(Madison, Buncombe)
Lonnie D. Burton
(704) 252-2495

Region "P" Human Development Agency (Onslow)
Rev. W.A. Greene
(919) 347-2151

Salisbury-Rowan Community Service Council (Rowan)
Andrew T. Harris
(704) 633-6633

Sandhills Community Action
(Anson, Montgomery, Moore, Richmond)
Nezzie M. Smith
(919) 947-5675

Union County Community Action (Union)
B. Phillip Gregory
(704) 283-7583

Wake County Opportunities (Wake)
Dorothy N. Allen
(919) 833-2885

W.A.M.Y. Community Action (Watauga, Avery, Mitchell, Yancey)
H.C. Moretz, Jr.
(704) 264-2421

Wayne Action Group (Wayne)
Bryan Sutton
(919) 734-1178

Western Carolina Community Action (Henderson, Transylvania)
John Leatherwood, Jr.
(704) 693-1711

Yadkin Valley Economic Development District
(Davie, Stokes, Surry, Yadkin)
Jimmie R. Hutchens
(919) 367-7251

DIVISION OF FACILITY SERVICES

The Division of Facility Services does not offer direct services to the elderly but does regulate facilities which provide health care to the elderly. The Division is responsible for a number of functions that affect services to the elderly.

Licensure and Certification - Responsible for licensing health and social service facilities and solicitation organizations and medicaid/medicine surveys of hospitals, nursing homes and home health agencies.

Construction - Responsible for making sure that health and social service facilities are designed and built in a safe and functional manner.

Office of Emergency Medical Services - Administers all state programs relating to emergency medical care.

Health Resources Development - Establishes rural health centers in medically deprived areas of the state, recruits physicians and publishes the annual State Medical Facilities Plan.

Certificate of Need - Reviews applications for certain types of health care facilities and for services which, by law, must be granted certificates prior to construction or the offering of services.

Contact: John Syria, Director
(919) 733-2342

DIVISION OF MEDICAL ASSISTANCE

The Division of Medical Assistance has responsibility for the state's Medicaid program which ensures that eligible low income people have access to appropriate and adequate medical care. Among the eligible individuals are the aged who must be 65 years or older. The Division develops policy and procedures to ensure these individuals are properly determined eligible for medical assistance and reimburses health care providers for services given to eligible persons.

Eligibility for services is determined at local departments of social services by application. Recipients obtain services from the provider of their choice. Providers of service bill the Medicaid program for payment and are reimbursed directly.

Elderly individuals who qualify for Medicaid by meeting the program's income and asset management standards may receive all Medicaid services as well as all Medicare services for which the cost-sharing amounts are paid by Medicaid. Services which are of particular benefit to the aged include nursing home care, home health care, personal care services, inpatient hospital care, prescribed drugs and physician care.

Categorical and Medically Needy - Individuals aged 65 and older qualify for Medicaid services by meeting North Carolina's Medicaid program income and asset standards:

Medicaid Income Levels

Family Size	1988-89		Beginning 1-1-1990		88 & 90 Assets
	Month	Year	Month	Year	
1	\$ 242	\$2,900	\$ 242	\$2,900	\$1,500
2	\$ 308	\$3,700	\$ 317	\$3,800	\$2,250
3	\$ 358	\$4,300	\$ 367	\$4,400	\$2,350
4	\$ 392	\$4,700	\$ 400	\$4,700	NA

Medicare Buy-In - Federal statute permits Medicaid to "buy-in" Medicare enrollees who meet the Medicaid income standards by paying Medicare coinsurance, deductibles, and premium amounts. These individuals may receive all Medicaid services as well as all Medicare services for which cost-sharing amounts are paid by Medicaid.

Qualified Medicare Beneficiaries - Under the Catastrophic Coverage Act of 1988, Medicaid programs are mandated, on a phased-in basis, to pay Medicare cost-sharing amounts for Medicare enrollees who have incomes up to the Federal poverty level and who have special assets limits. Beginning on February 1, 1989, North Carolina Medicaid began covering individuals up to 80% of poverty; on January 1, 1990, this will increase to 85% of poverty. Recent Congressional action on the Catastrophic Act is unlikely to affect this mandate--States will still be mandated to cover these dual enrollees. These individuals may receive only Medicare covered services for which Medicaid pays the cost-sharing amounts.

Family Size	Income				89 & 90 Assets
	(7/1/89)		(1/1/90)		
	80% of Poverty Month	Year	85% of Poverty Month	Year	
1	\$ 398	\$4,784	\$ 423	\$5,083	\$4,000
2	\$ 534	\$6,416	\$ 568	\$6,817	\$6,000

Contact: 100 County Departments of Social Services
Barbara Matula, Director
(919) 733-2060

**DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES
AND SUBSTANCE ABUSE**

The Division provides services to persons of all ages, including the aging, who have mental illness, developmental disabilities and substance abuse problems. Services are provided through thirteen institutions (5 mental retardation centers, 4 psychiatric hospitals, 3 alcohol and drug abuse treatment centers and the North Carolina Special Care Center) and 41 area mental health, developmental disabilities and substance abuse programs. People age 65 and over represented 5.23% of all clients served by area programs in the last fiscal year

In accordance with state legislation and policy, services are directed toward elimination, reduction and prevention of the disabling effects of mental illness, developmental disabilities and substance abuse. This policy applies to all age groups. The institutions operated by the Division provide residential services for the disability group it is mandated to serve. Area programs are required to provide the following services to all age groups as applicable: outpatient; emergency; consultation and education; and case management for all disability groups; inpatient psychiatric services; psychosocial rehabilitation or partial hospitalization; developmental day services for preschool children with developmental disabilities; adult developmental activity programs; alcohol and drug education traffic schools; drug education schools; detoxification services; and forensic services.

Contact: Division of Mental Health, Developmental Disabilities
and Substance Abuse
Don Taylor
(919) 733-7011

Alamance-Caswell Area Program
John V. Moon
(919)-222-6430

Albemarle Area Program
(Camden, Chowan, Currituck, Dare, Pasquotank, Perquimans)
Charles R. Franklin Jr.
(919) 335-0803

Blue Ridge Area Program
(Buncombe, Madison, Mitchell, Yancey)
Lawrence E. Thompson III
(704) 258-3500

Catawba County Area Program
John Hardy
(704) 328-5361

Cleveland County Area Program
Dwight S. Brenneman, Ed.D.
(704) 482-8941

Cumberland County Area Program
Eldon Tietje
(919) 323-0601

Davidson County Area Program
C. Randall Edwards, Ph. D.
(919) 475-8184

Duplin-Sampson Area Program
Helen Moorefield, Ph.D.
(919) 296-1851

Durham County Area Program
Steven Ashby, Ph.D.
(919) 560-7100

Edgecombe-Nash Area Program
Helen Cleveland
(919) 977-0151

Foothills Area Program
(Alexander, Burke, Caldwell, McDowell)
Don Dawson, M.Div.
(704) 433-4200

Forsyth-Stokes Area Program
Henry Marsh
(919) 725-7777

Gaston-Lincoln Area Program
J. R. Davidson
(704) 867-1885

Guilford County Area Program
Lawrence J. Bivens
(919) 373-3630

Halifax County Area Program
Lois T. Batton
(919) 537-6174

Johnston County Area Program
J. Daniel Searcy, Ph.D.
(919) 934-5121

Lee-Harnett Area Program
Mansfield M. Elmore
(919) 774-6521

Lenoir County Area Program
June S. Cummings
(919) 527-7086

Mecklenburg County Area Program
Peter E. Safir
(704) 336-2023

Neuse Area Program
(Carteret, Craven, Jones, Pamlico)
Roy R. Wilson, Jr.
(919) 633-4171

New River Area Program
(Alleghany, Ashe, Avery, Watauga, Wilkes)
Brooke R. Johnson, Ph.D.
(704) 264-9007

Onslow County Area Program
Dan Jones, M.Ed.
(919) 353-5118

Orange-Person-Chatham Area Program
William F. Baxter, Jr.
(919) 929-0471

Piedmont Area Program
(Cabarrus, Stanley, Union)
Robert C. Lorish, Ed.D.
(704) 788-6116

Pitt County Area Program
Steve Creech Ph.D.
(919) 752-7151

Randolph County Area Program
Louise M. Galloway
(919) 625-1113

Roanoke-Chowan Area Program
(Bertie, Gates, Hertford, Northampton)
Ruth G. Straka
(919) 332-4137

Rockingham County Area Program
Billy G. Witherspoon, M.P.H.
(919) 342-8316

Rutherford-Polk Area Program
Tony Womack
(704) 287-6110

Sandhills Area Program
(Anson, Hoke, Moore, Montgomery, Richmond)
Michael Watson
(919) 673-9111

Smoky Mountain Area
(Cherokee, Clay, Graham, Haywood, Jackson, Macon, Swain)
Hugh D. Moon
(704) 586-5501

Southeastern Area
(Brunswick, New Hanover, Pender)
William Douglas Sudduth
(919) 251-6440

Southeastern Regional Area
Bladen, Columbus, Robeson, Scotland
John S. Mckee III
(919) 738-5261

Surry-Yadkin Area Program
Brandy Morrison
(919) 789-5011

Tideland Area Program
(Beaufort, Hyde, Martin, Tyrrell, Washington)
Faye R. Rogers
(919) 946-8061

Trend Area Program
(Henderson, Transylvania)
Ronald C. Metzger
(704) 692-7790

Tri-County Area Program
(Davie, Iredell, Rowan)
Daniel L. Bradshaw
(704) 637-5045

Vance-Warren-Granville-Franklin Area Program
J. Thomas McBride
(919) 492-4011

Wake County Area Program
James W. Kirkpatrick, Jr.
(919) 755-6238

Wayne County Area Program
Liston G. Edwards, D.P.A.
(919) 731-1133

Wilson-Greene Area Program
John White
(919) 399-8021

DIVISION OF SERVICES FOR THE BLIND

The Division of Services for the Blind does not have specific federal or state aging program mandates but this Division pursues its mission through an interdisciplinary team approach to serving the blind and visually impaired citizens which includes individuals of all ages. The Division's services and program are implemented at the local level through a network of 57 social workers who serve all of North Carolina's 100 counties. According to information on the Register for the Blind in North Carolina there are a minimum of 14,103 blind and visually impaired persons age 55+ in this state.

Independent Living Services - Designed to help the visually impaired achieve their maximum level of self-sufficiency. This program serves the greatest proportion of elderly with 69 percent of clients in 1989 being 55 years of age or more.

Chore Services - Designed to enable individuals to meet basic daily needs and continue living in their own homes.

Special Assistance for the Blind - Provides money payment for those individuals who are blind, have need of rest home placement, and do not have the financial resources to pay for care.

Medical and Eye Care Services - Includes eye examinations, corrective eyeglasses, sight saving eye surgery, treatment, glaucoma detection, and personal care services.

Independent Living Rehabilitation Program - Through the group concept it serves visually impaired people 55+ by teaching independent living skills such as Braille -typing, cooking, money identification and mobility.

Contact: Division of Services for the Blind
Herman Gruber, Director
(919) 733-9822

All 100 County Departments of
Social Services

DIVISION OF SERVICES FOR THE DEAF AND HARD OF HEARING

This Division was established in 1988 to provide for the planning development, management and evaluation of special programs and services for citizens who are deaf and hard of hearing and to serve as a link between this population and other state and local agencies.

The services of the Division are based on disability rather than age.

Community Service Centers - Purpose is to provide information on services to persons who are deaf or hard of hearing and their families through a network of six centers located in Wilmington, Greenville, Raleigh, Charlotte, Morganton, and Asheville. Personnel in these centers provide direct interpreting services when no free-lance contractual interpreters are available. Assistance is also provided to 60+ age group in obtaining access to the current delivery system which may include applying for social security benefits, low income housing and other services.

Contact: Asheville Community Service Center
Voice: (704) 251-6190
T.D.D.: (704) 254-2281

Morganton Community Service Center
Voice: (704) 433-2958
T.D.D.: (704) 433-2960

Charlotte Community Service Center
Voice: (704) 342-5482
T.D.D.: (704) 342-5480

Raleigh Community Service Center
Voice: (919) 733-6714
T.D.D.: (919) 733-6715

Greenville Community Service Center
Voice: (919) 830-3481
T.D.D.: (919) 830-3482

Wilmington Community Service Center
Voice: (919) 251-0611
T.D.D.: (919) 343-9352

William H. Peace, Division Director
Voice: (919) 733-5199
T.D.D.: (919) 733-5930

DIVISION OF SOCIAL SERVICES

Services are available for older and disabled adults through departments of social services in all 100 counties in the state. The services mandated by state statutes or mandated under the Social Services Block Grant Plan and used by older adults are described below.

Chore Services - Provides care or assistance to persons by performing home management or personal care tasks that are essential to the activities of daily living. Such tasks are performed to enable individuals to remain in their own homes when they are unable to carry out these activities for themselves and when no responsible person is available for these tasks. Home management includes tasks related to maintaining the home, shopping for and preparing meals, and providing essential transportation for the client. Personal care includes tasks related to physical care of clients (bathing, dressing, grooming, toileting, etc.).

Day Care Services for Adults - Provides an organized program of services during the day in a community group setting for the purpose of supporting adults' personal independence, and promoting their social, physical, emotional well-being. Services must be provided in a home or center certified to meet state standards for such programs. Adult Day Health Services are an extension of Adult Day Care Services which offer health care services to older and disabled adults under the supervision of nursing staff. The Community Alternatives Program for Disabled Adults (CAP/DA), funded through the Medicaid waiver, allows for reimbursement of Adult Day Health Services for those individuals who are Medicaid eligible and meeting the CAP/DA criteria.

Guardianship - A guardian is appointed when an individual is determined, by the court, to be mentally incompetent. The local department of social services, or another human resources agency, may be required to serve as guardian by the Clerk of Superior Court. In these cases the director of the county department of social services is authorized to be a substitute decision-maker for the incompetent adult. Services may include making decisions about where the individual will live, authorizing medical treatment, arranging for other necessary services and managing the adult's finances. The county departments of social services are designated by the clerks of court to be guardians in the vast majority of these cases.

Foster Care Services for Adults - Provides assistance for aging or disabled individuals in finding a licensed domiciliary home suitable to their particular needs when they are unable to remain in their own homes or need to move out of higher levels institutional care. This includes help in finding a suitable domiciliary home. Also included is ongoing monitoring, consultation and technical assistance to assist domiciliary homes in complying with licensure standards. The county departments of social services' role in enforcing the Domiciliary Home Residents' Bill of Rights is also carried out under this service.

Health Support Services - These services are directed toward helping individuals and families recognize health needs; cope with incapacities and limited functioning resulting

from aging, disability, or handicap; and obtain and use resources through Medicaid. Assistance to older people and their families in finding a suitable nursing home is provided through this service.

Homemaker Services - Supportive services are provided by paraprofessionals who are trained, assigned, and supervised by the agency to help maintain, strengthen, and safeguard the care of older or disabled adults in their homes. These services include providing assistance in management of household budgets, planning nutritious meals, purchasing and preparing foods, and helping with housekeeping duties and basic personal and health care, with focus on avoiding unnecessary institutional care.

Individual and Family Adjustment Services - Services are designed to enable individuals and their family members to recognize, understand, and cope with problems and conflicts regarding such areas as aging, household management, consumer affairs, family life, etc. Such counseling is also designed to help individuals independently utilize community resources; take advantage of natural support systems; and achieve an adequate level of functioning within the family.

Case Management Services - Plans and directs the provision of social services to an individual who is receiving or who is applying to receive services. Activities include initial and on-going eligibility determination and assessment of the extent of the individual's current service needs as well as establishment of ways and means to tackle the individual's problem. This means assuming the role of prime agent who assures a dependable and coordinated flow of services to the client as he or she moves through the service delivery systems.

Protective Services for Adults - Services are available to adults (aged 18 or older) who are incapacitated due to physical or mental disability and who are in need of protection because they are abused, neglected or exploited. Services include receiving and evaluating reports of a need for protection; planning and counseling with disabled adults and their families to identify and address those problems which precipitate abuse, neglect or exploitation; assistance in arranging for needed services such as medical care, support services in the home, appropriate living arrangements, and others.

Other services are provided by county departments of social services which are frequently used by the elderly. These services can be provided if the county department elects to provide them based on county need and available resources.

Housing and Home Improvement Services - Provides assistance to individuals and families in obtaining and retaining adequate housing and basic furnishings. Services include helping a person obtain or retain ownership of his own home or find and relocation to more suitable housing; minor renovations and repairs to owner-occupied dwellings; and basic appliances, such as a stove, refrigerator, or heater.

Preparation and Delivery of Meals - Prepares and delivers nutritious meals to an aging or disabled individual in his own home or in a central dining facility as necessary to prevent institutionalization or malnutrition.

Transportation Services - Transportation is provided as a part of a service plan to enable individuals for whom transportation is not otherwise available to have access to medical and health resources, shopping facilities, education, recreational and employment and training opportunities and other community facilities and resources, and to support the delivery of other social services.

Personal Care Services - Performs tasks to assist persons with medical needs in activities such as personal hygiene, ambulation, meal preparation, and medical monitoring. Other tasks such as housekeeping and home management may also be performed if they are integral but secondary to tasks that relate to the personal care of the client. The service must be authorized by a physician and provided by aides under the supervision of a registered nurse. Personal Care Services are provided by 31 county departments of social services and are funded as part of the regular Medicaid Program.

Community Alternatives Program - The Community Alternatives Program for Disabled Adults (CAP/DA) is a part of the North Carolina Long Term Care Screening Program authorized by House Bill 405 in 1981. CAP/DA, funded through a Medicaid waiver, provides home and community based services to Medicaid recipients aged 18 and above who would otherwise require care in a SNF or ICF. Medical and non-medical services are provided to prevent or delay institutionalization, thereby providing an alternative to institutionalization when community services are feasible, cost effective and preferred by the client. The program is initiated at the county level, with the Board of County Commissioners selecting the lead agency. Currently 29 county departments of social services are serving as lead agency for this program. The program operates in 40 counties.

County DSS agencies provide financial assistance to eligible people, including older adults. The following programs are available for older adults who meet the eligibility criteria.

State/County Special Assistance for Adults Program - The Department of Human Resources is authorized by General Statute 108A-40 to establish and supervise a State/County Special Assistance for Adults Program. This is a program of financial assistance for eligible residents of domiciliary homes and helps to pay for their care in domiciliary homes. It is administered by the county departments of social services under rules and regulations of the Social Services Commission.

Low Income Energy Assistance Program - Funds are used to assist low income people when a heating or cooling related crisis occurs. Allocations are provided to county departments of social services for direct payments to the households, or for vendor or voucher payments, or for the purchase of in-kind services, home repairs, or bulk buying. To be eligible, a household must: 1) be experiencing a life-threatening or health-related emergency; and 2) have income at or below 110% of the poverty level. The program was authorized by the Omnibus Budget Reconciliation Act of 1981.

Food Stamps - The Food Stamp Program is designed to help low income families buy the food they need for good health. County departments of social services administer the Program, including interviewing applicants, determining eligibility, and authorizing issuance of stamps. In North Carolina, stamps are issued in post offices, banks, or in local departments of social services. Clients may also receive their stamps by mail in some counties. The decision on the type of issuance is made by county officials. Food Stamp eligibility is based on both financial and nonfinancial criteria.

Contact: Mary K. Deyampert
(919) 733-3055

All 100 County Departments of
Social Services

DIVISION OF VOCATIONAL REHABILITATION

The Division of Vocational Rehabilitation Services is mandated by Federal and State law to provide a program of rehabilitation services for disabled people who are vocationally handicapped and for whom such services will enhance their employability. These mandates specify that priority attention must be given to the most severely disabled, regardless of whether the handicap be physical, mental or emotional. Available services include assessment, counseling, physical restoration, training and job placement. Individuals are served without regard to age. "Employment" has not been recognized as a major concern in the aging handicapped population at this time; therefore, the Division does not offer specialized programs for the elderly. Less than 5 percent of the population served by this Division last year were 55 years of age or older.

Contact: Claude A. Myer, Director
(919) 733-3364

DEPARTMENT OF INSURANCE

The Department of Insurance is not specifically charged with providing services or programs for senior citizens. However, the Department does have functions that directly and indirectly benefit senior citizens. Those services and programs are:

1. The Seniors Health Insurance Information Program (SHIIP).
2. The licensing and regulation of continuing care retirement facilities or centers, also known as life care facilities or centers.
3. The regulation of long-term care insurance and of Medicare supplement insurance.

SHIIP

The Seniors Health Insurance Information Program (SHIIP) in the North Carolina Department of Insurance was created to help persons understand the options and benefits in health insurance products for older adults in North Carolina. SHIIP is designed to train volunteers in the areas of Medicare, private Medicare supplement insurance, and private long-term care insurance. Four thousand persons have participated in the training sessions, and there are close to 1,400 active trained volunteers in 84 counties across the state to help people make better consumer decisions.

SHIIP works closely with local Councils on Aging and Senior Centers, AARP Chapters, Retired State Employees, and other groups providing services for senior citizens.

The SHIIP staff also answers questions about these areas.

Contact: Carla Suitt
(919) 733-0111
Toll-free 1-800-443-9354

CONTINUING CARE FACILITIES

The 1989 General Assembly enacted legislation to provide for the licensing and financial oversight of continuing care facilities and to provide additional safeguards for residents of, and applicants to, these facilities. The law became effective on January 1, 1990. It applies only to facilities that furnish lodging together with nursing services, medical services, or other health-related services under a contract that is to last for the life of the person receiving the lodging and services or that is to last for a period over one year. The law also contains provisions for disclosure of material facts to the public, inclusion of certain required provisions in contracts, and completion and disclosure of actuarial studies. It further requires meetings of residents with boards of directors of facilities; gives the Commissioner authority to intervene in the event of insolvency or the imminent danger of financial impairment; authorizes the Commission to audit the books and records of facilities, and establishes a committee of experts to advise the Commissioner.

Contact: William Darden
(919) 733-5633

LONG-TERM CARE INSURANCE

Long-term care insurance is a relatively new kind of protection against the high cost of nursing home care. A few plans limit themselves to skilled care only; most plans, however, cover skilled, intermediate, custodial or domiciliary, and home health care. All plans pay a fixed amount per day of covered nursing home care or per home health visit. The amounts of daily benefits range from \$10 to \$130 per day and vary according to the level of care and services provided.

The costs of these policies can be high, but so are the risks to insureds. The price of a policy can vary, based on how old the person is when the insurance is purchased, the amount of daily benefits, the maximum length of benefit, and optional inflation adjustments, to name a few.

In 1987 and in 1989 laws were passed at the request of Commissioner James E. Long to provide for regulation of these policies and for more protection for applicants and insureds. The law, in effect, defines basic terms, outlines minimum benefits and limitations, and gives the Commissioner powers to require loss ratios and establish rules for licensing products in the State.

Contact: Theresa Shackelford
(919) 733-5060

MEDICARE SUPPLEMENT INSURANCE

The federal Medicare Catastrophic Coverage Act of 1988 mandated the enactment by the states of revised minimum standards for Medicare supplement insurance policies. The General Assembly first enacted minimum standards in 1981 in response to federal legislation, known then as the Baucus Amendment. In 1989 the General Assembly enacted legislation in response to the 1988 federal legislation and repealed the 1981 law. The new State law regulates Medicare supplement insurance advertisements; requires the filing of data; regulates premium rates; and requires a "free look" period of 30 days for prospective buyers.

Contact: Laurie Saxton
(919) 733-5060

COMPLAINTS ABOUT AN INSURANCE COMPANY WITH RESPECT TO MEDICARE SUPPLEMENT OR LONG-TERM CARE INSURANCE

Contact: (919) 733-2004
Toll-free 1-800-662-7777

DEPARTMENT OF PUBLIC INSTRUCTION

The Department of Public Instruction offers our State's senior citizens opportunities through employment and participation in various programs. There is no mandatory retirement age for teachers or public school personnel in North Carolina. According to statistics compiled for school year 1987-88, there were over 2,000 teachers in the classroom with more than 30 years of service; there were 10 teachers teaching with over 45 years of service. The latest data available for 1988-89 indicates that there were 330 teachers/certified personnel over 65 who were employed in the public school system. Of this number, 263 are teachers.

The Community Schools Act created in 1977 encourages greater community involvement in the public schools and greater community use of public school facilities. Local boards of education are required to develop programs and plans for increased community involvement in and use of public schools.

Senior citizens are involved in community schools programs both as participants and volunteers. For school year 1986-87, there were approximately 160,000 volunteers in the community schools program. While specific data is not available, it is safe to assume many were senior citizens. During this year, almost 20,000 senior citizens participated in programs offered by community schools. All courses provided through the program are open to senior citizens. Participation by senior citizens is especially strong in arts events and athletic events. Local school systems also make their facilities available for the senior games program.

Contact: Community Schools Coordinator at Local School System

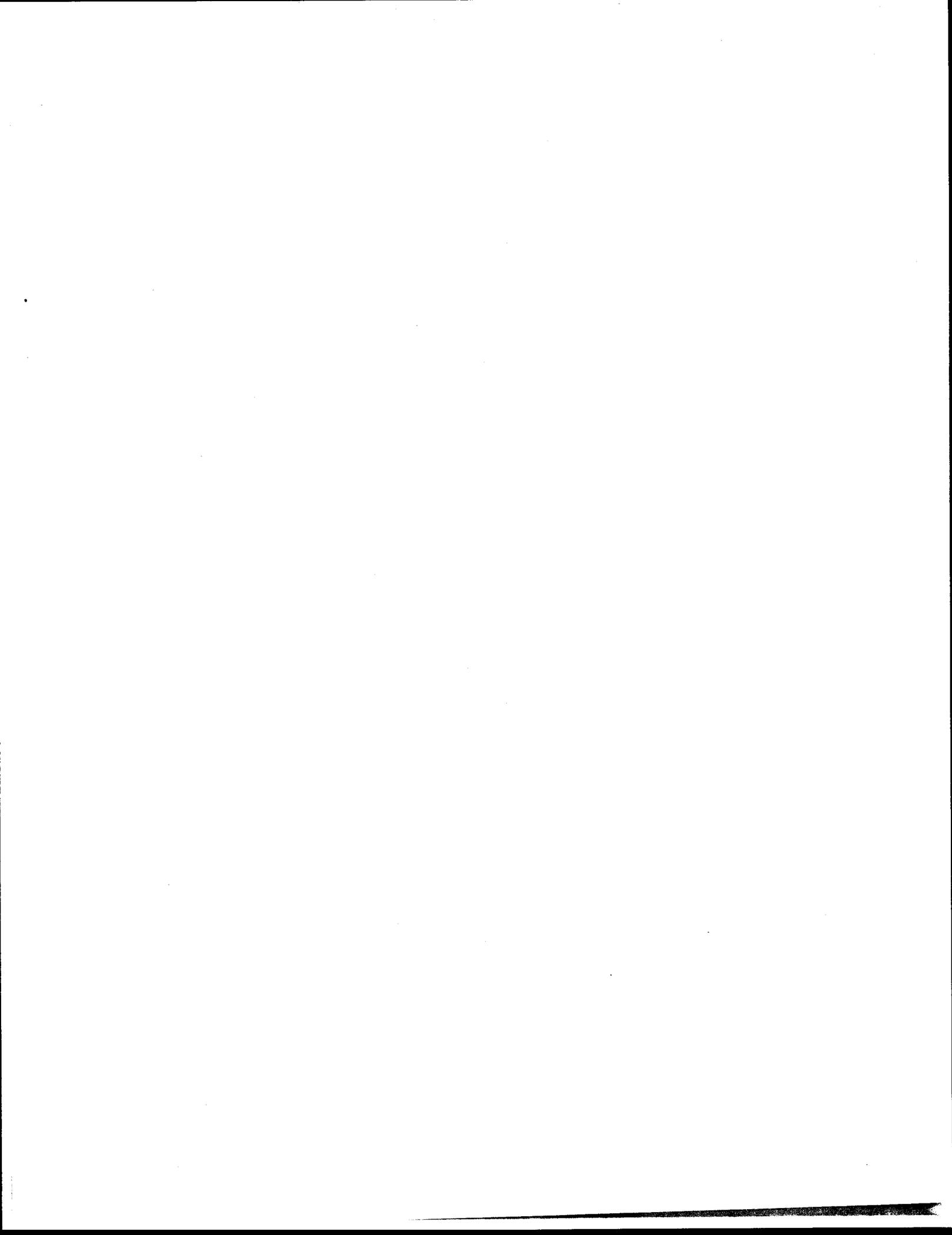
OFFICE OF STATE PERSONNEL

PREPARE PROGRAM

(PRE-RETIREMENT EMPLOYEE'S PLANNING/ASSISTING RETIRED EMPLOYEES)

The PREPARE Program is an educational program designed to help North Carolina State government employees and retirees prepare for their later years so that they remain productive and independent older adults. One way this is accomplished is through pre-retirement planning workshops which are offered to eligible state government employees (those age 50 years and older or those with at least 20 years of service).

**Contact: Katherine A. Grant, Director
Debbie Williamson, Assistant Director
Vicki Mills, Staff Assistant
(919) 733-7112**



RETIRED SENIOR VOLUNTEER PROGRAM

Every community in North Carolina faces the continuing challenge of providing necessary services with limited resources. Every community also has a growing number of retirees who want to remain active and useful.

RSVP as part of ACTION, the federal domestic volunteer agency, has a two-fold purpose:

1. To provide volunteer opportunities for older adults so that they can put the skills and experience of a lifetime to work for others thereby maintaining an active role for older adults in the community; and
2. To assess community needs, and, through the use of older adult volunteers, meet those needs.

RSVP involves volunteers who participate in the work of over 763 local agencies, organizations, and schools. This program has 17 projects in North Carolina and could expand to many more if funding was available. The cost of operation is minimal in proportion to numbers of persons giving their time and administering care both with in-home and community settings. RSVP has minimal staff and provides the following benefits to its volunteers: insurance, meal reimbursement, mileage reimbursement, recognition. There is no per diem or wage paid to participant volunteers.

Contact: RSVP-ACTION
Washington, D.C.
1-800-424-8500

ACTION-North Carolina Office
Mr. Robert Winston
(919) 856-4731

Carteret Community ACTION, Inc.
Linda Williams
(919)-247-4366

City of Raleigh, Department of Human Resources
Rebekah B. Ghazy
(919) 755-6295

Cumberland Co. Coordinating Council on Older Adults
Blanche Hodul
(919) 485-4448

Durham Technical Institute
Helen Featherson
(919) 598-9314

Harnett County council for Senior Citizens
Avis Hall
(919) 893-7578

Moore County Department of Aging
Linda Hopkins
(919) 947-5800 Ext. 563

Koinonia Incorporated
Janice Barger
(704) 758-2617

Land-of-Sky Regional Council
Juanita Storm
(704) 254-8131

Macon Program for Progress
Patricia Rogers
(704) 524-4471

New Hanover Co. Department of Aging
Marcelle Austin
(919) 762-3214

RSVP of Forsyth County
Twana Wellman
(919) 842-6274

Southeastern Community College
Kathryn Wray
(919) 372-7170

United Services for Older Adults
Sandra Mangum
(919) 373-4816

Wayne Action Group for Economic Solvency
Mary Best
(919) 734-1178

NORTH CAROLINA SENIOR GAMES

North Carolina Senior Games is a statewide, year-round health promotion and education program for individuals 55 years of age and older. This wellness and prevention program focuses on keeping seniors healthy and independent and involved in a personal fitness program.

There are 39 regional Senior Games that serve the state and a State Finals held annually. In addition to the Games, the organization offers statewide workshops, leadership training for professionals, educational materials such as exercise posters and health information. North Carolina Senior Games is supported by the State of North Carolina, 3 corporate sponsors and many coordinating and endorsing agencies such as the Division of Aging, Health Services, Parks and Recreation, AARP, and the medical profession.

SILVERSTRIDERS

This is a new statewide walking program for seniors and is the most comprehensive of its kind in the nation. This walking program offers free log books for seniors to track their mileage and gifts and incentives to keep them motivated. It can be used by any senior who can walk. Speed does not matter. Log books are being used by long term care facilities, hospitals, doctor's offices, senior centers, recreation departments, malls and corporations as part of their pre-retirement programs. It has a broad application for many seniors who wish to remain healthy and active.

Contact: Margot Raynor, Director, NCSG, Inc.
(919) 851-5456

Alamance-Burlington
Betsy Chandler
(919) 222-5030

Cabarrus County
Susan Donaldson
(704) 788-6150

Asheville-Buncombe
Ann Joyce
(704) 259-5800

Carteret County
Deborah Pasteur
(919) 728-8401

Blue Ridge
North Wilkesboro
Jimmy Gaines
(919) 838-7785

Charlotte-Mecklenburg
Charles Goggi
(704) 365-1036

Brunswick County
Kellie Beeson
(919) 278-5518

Cleveland-Rutherford
Tracy Davis
(704) 482-3488

Davidson/Thom/Lexington
Pansy Rummage
(704) 249-7011

Down East
Rocky Mount
Tami Wiggs
(919) 291-8111

Durham
Ronnie Ferrell
(919) 560-4355

Four Seasons
Hendersonville
Ruth Burgin
(704) 693-4820

Greater Greensboro
Rhonda Maxson
(919) 373-2173

Greater High Point
Tommy Shoaf
(919) 883-3482

Greater Statesville
Betty Millsaps
(704) 878-3433

Greenville-Pitt
Alice Keene
(919) 830-4216

Haywood County
Carolyn McCracken
(704) 648-8412

High Country
Boone
Larry Horine
(704) 262-2810

Johnston County
Barbara Miles
(919) 936-2389

Lee County
Phil Nauman
(919) 776-1774

McDowell County
Jonelle Daniels
(704) 652-8953

Mid-Carolina
Pope AFB
Margaret Hardee
(919) 347-5332

Onslow
Carol Robertson
(919) 347-5332

Orange County
Myra Austin
(919) 732-8181

Outer Banks
Manteo
Alice King
(919) 441-1181

Piedmont Plus
Winston-Salem
Edith Bailey
(919) 727-2502

Raleigh-Wake
Carol Adams
(919) 831-6878

Randolph
Gail Fields
(919) 626-1240

Region K
Henderson
Mark Woltz
(919) 492-7276

Region O
Wilmington
Annette Crumpton
(919) 341-4555

Region P
Kinston
Stacia Fields
(919) 734-9397

Region R
Elizabeth City
Lee Riddick
(919) 426-5753

Robeson County
Angie Paul
(919) 671-3869

Salisbury/Rowan
Barbara Wilkerson
(704) 633-7862

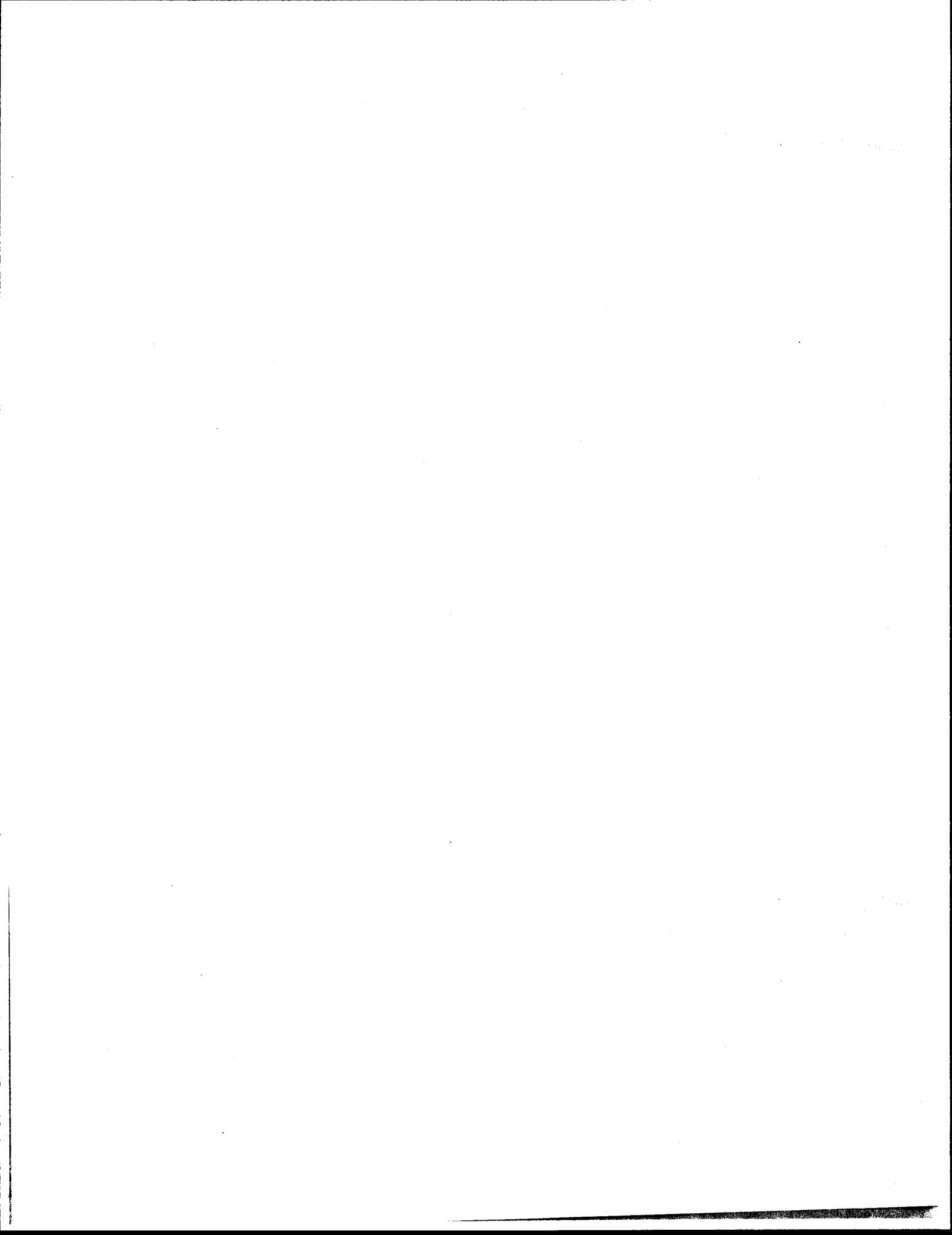
Scotland County
Jeff Whittinghill
(919) 277-2585

Senior Games in the Pines
Southern Pines
Pam Smith
(704) 692-7376

Smokey Mountain
Sylva
Janet Millsaps
(704) 586-6333

Unifour
Hickory
Alan Hall
(704) 322-9191

Union County
Ben Myers
(704) 843-3919



UNIVERSITY OF NORTH CAROLINA

The sixteen constituent institutions of the University of North Carolina currently provide services to the aging citizens of our state in two areas:

1. The preparation of professional personnel to provide services to the aging; and
2. Direct educational services to aging citizens.

In addition to the training of physicians and specialists in the medical schools at UNC-Chapel Hill and East Carolina, the special needs of the aging population and clinical training to meet those needs are addressed in graduate and professional programs throughout the University in nursing, social work, pharmacy, dentistry, public health, psychology, education, and recreation and leisure studies programs. In almost every program there are internship and clinical training activities where advanced professional training is taking place while, at the same time, direct services are being provided by interns and faculty supervisors. The 1988 Compendium of Aging Programs compiled by the Division of Aging lists the wide range of educational, research and service activities provided through colleges and universities in our State.

Of particular interest are some recent developments designed to focus greater attention on the needs of the aging populations and the demand for more and better prepared professional personnel to staff aging programs and services. Initiatives have been taken in the development of undergraduate and graduate programs in social work and gerontology.

Elizabeth City State University offers special courses for undergraduates to prepare for work with the elderly as a part of the pre-social work program.

Professional training in psychology and sociology is available for students interested in work with the aging at Fayetteville State University.

North Carolina State University offers programs on aging through the sociology, psychology, economics, and business administration departments and through extension services. (There is a separate section on Agriculture Extension Service.)

In recognition of the need to expand and strengthen its programs and services for the older adult population, NCSU has established the Encore Program for Lifelong Enrichment which is in the developmental stages. Encore will identify and direct NCSU resources toward meeting the cultural and educational needs and interests of the older adults. Initially, Encore will concentrate on continuity of planning and programming. The program's Advisory Committee is committed to establishing the Encore Center for Lifelong Enrichment to maintain and increase the available educational resources and services.

Pembroke State University offers a new program in social work and a cooperative program with Southeastern General Hospital providing emphasis on the aging population.

UNC-Asheville holds the Western North Carolina Gerontology Forum annually and provides seminars for providers, administrators, policy makers and researchers concerned with issues and needs of the aging.

The North Carolina Center for Creative Retirement is a UNC-Asheville-based educational program for older adults offering: a peer-learning and teaching program; a wellness program; a leadership program; an intergenerational mentoring program matching retirees with undergraduates; a research institute focusing on national and regional trends in retirement and public policy; a retirement planning program; a program on business and aging; and a humanities outreach program. The Center is viewed as a laboratory to initiate, test and refine programs which can then be replicated in other parts of the state. The Center also conducts yearly forums, workshops and conferences related to aging and education.

Specialized nursing education programs in geriatrics and aging problems are available through the undergraduate and graduate programs at the following institutions:

East Carolina University
North Carolina A & T State University
North Carolina Central University
UNC-Chapel Hill
UNC-Charlotte
UNC-Greensboro
UNC- Wilmington
Western Carolina University
Winston-Salem State University

These special nursing programs range from formal courses to continuing education programs and include career counseling programs to attract and retain nurses in patient care and prevention programs for aging citizens.

Contact:

University of North Carolina
Dr. Roy Carroll
(919) 962-1000

Appalachian State University
Dr. Richard Parrott
(704) 262-2084

East Carolina University
Dr. Philip T. Rosen
(919) 757-6321

Elizabeth City State University
Dr. Dan Pearce
(919) 335-3316

Fayetteville State University
Dr. Marye Jeffries
(919) 486-1225

North Carolina A & T State University
Dr. Ronald Smith
(919) 334-7607

North Carolina Central University
Dr. G. W. Reid
(919) 560-6324

North Carolina School of the Arts
Ms. Carol Palm
(919) 770-3264

North Carolina State University
Mr. Kelly Crump
(919) 737-3007

Pembroke State University
Dr. Sylvester Wooten
(919) 521-9949

UNC-Asheville
Dr. Elaine Fox
(704) 251-6558 and
Dr. Ronald J. Manheimer
(704) 251-6140

UNC-Chapel Hill
Dr. Thomas L. Mckeon
(919) 962-1106

UNC-Charlotte
Dr. Oakley Winters
(704) 547-4449

UNC-Greensboro
Dr. John Young
(919) 334-5414

UNC-Wilmington
Dr. James Edmundson, Jr.
(919) 395-3193

Western Carolina University
Dr. Diane Henshaw
(704) 227-7397

Winston-Salem State University
Dr. Michael Callaghan
(919) 750-2630

AGRICULTURAL EXTENSION SERVICE

The Agricultural Extension Service offers educational programs which help people put knowledge to work in each county of the State. In the field of aging, its first priority is the national and state initiative, responsibility for the dependent elderly.

"Planning Ahead for Elder Care" is the on-going program with a future orientation designed to meet the needs of caregivers and family members. In addition to their own video tape, slide set and brochure, Elder Care in North Carolina, there are eight videotapes related to the major concern of elder care. A set of ten fact sheets has been published which promote pre-need location and analysis of the resources available to help families make informed decisions in financial, legal, health care and other caregiving arrangements. In cooperation with the local aging network, the home economics extension agent helps to recruit volunteers who are trained to provide volunteer respite to the caregivers of elders who require minimal supervision. Volunteer adult sitters enhance the work of other public and private groups by referrals to the aging network when hands-on service is needed. The agent and other professionals cooperate to enlist and train volunteers who in turn seek out caregivers in the community who may need a wide range of information, especially resources available to help.

"Training Family Caregivers" is a program which trains a team of three professionals from each participating county who in turn enlist and train caregivers through a home study course.

Home economics agents in all counties have programs and materials for elders and their families relative to nutrition, housing, clothing, management, and interpersonal relationships.

Contact: Martha R. Johnson, Assistant Director of Home Economics
(919) 737-2781

Leo F. Hawkins, Human Development Specialist
Janice H. Lloyd, Family Resource Management Specialist
(919) 737-2770

AHEC (AREA HEALTH EDUCATION CENTERS) PROGRAM

The AHEC Program seeks to improve the supply, distribution and quality of health care professionals in North Carolina through its nine regional centers. AHEC works with the State's four university medical centers to sponsor a wide range of educational activities related to health manpower development, including community training for health science students, medical residency training programs in primary care, continuing education and information services. AHEC was created in 1972 by the School of Medicine at UNC-CH and funded with a federal grant. In 1974, the General Assembly expanded the AHEC Program and took over its funding. Today the Program is funded about equally from state and local sources and is administered by the Dean of the UNC-CH School of Medicine.

Program activities fall into three broad categories: community-based training for health professional students and medical residents; health professions continuing education; and information services for health care agencies and professionals.

AHEC activities are focused on the supply, distribution and education of health care professionals. The nine regional centers work within their regions to assess the education and training needs of the health professionals and agencies serving older adults, including long-term-care facilities. They then develop education programming to meet those needs.

Contact: Dr. Eugene S. Mayer, Program Director
(919) 966-2461

Area L AHEC
David M. Webb
(919) 972-6958

Charlotte AHEC
Dr. William T. Williams
(704) 355-3146

Eastern AHEC
Eldine K. Guthrie
(919) 551-5200

Fayetteville AHEC
Dr. Harold L. Godwin
(919) 323-1152

Greensboro AHEC
Dr. Donald D. Smith
(919) 379-4025

Mountain AHEC
Dr. Thomas J. Bacon
(704) 257-4400

Northwest AHEC
James C. Leist
(919) 777-3000

Wake AHEC
Robert Sigmon
(919) 250-8548

Willmington AHEC
Dr. Neil J. McDonald
(919) 343-0161

APPENDIX A

"Article 21.

"The North Carolina Study Commission on Aging.

§ 120-180. Commission; creation.

The North Carolina Study Commission on Aging is created to study and evaluate the existing system of delivery of State services to older adults and to recommend an improved system of delivery to meet the present and future needs of older adults. This study shall be a continuing one and the evaluation ongoing, as the population of older citizens grows and as old problems faced by older citizens magnify and are augmented by new problems. (1987, c. 873, s. 13.1)

§ 120-181. Commission; duties.

The Commission shall study the issues of availability and accessibility of health, mental health, social, and other services needed by older adults. In making this study the Commission shall:

- (1) Study the needs of older adults in North Carolina;
- (2) Assess the current status of the adequacy and of the delivery of health, mental health, social, and other services to older adults;
- (3) Collect current and long range data on the older adult population and disseminate this data on an ongoing basis to agencies and organizations that are concerned with the needs of older adults;
- (4) Develop a comprehensive data base relating to older adults, which may be used to facilitate both short and long range agency planning for services for older adults and for delivery of these services;
- (5) Document and review requests of federal, State, regional, and local governments for legislation or appropriations for services for older adults, and make recommendations after review;
- (6) Evaluate long-term health care and its non-institutional alternatives;
- (7) Propose a plan for the development and delivery of State services for older adults that, if implemented, would, over 10 years, result in a comprehensive, cost-effective system of services for older adults;
- (8) Study all issues and aspects of gerontological concerns and problems, including but not limited to Alzheimer's Disease; and
- (9) Carry out any other evaluations the Commission considers necessary to perform its mandate. (1987, c. 873, s. 13.1.)

§ 120-182. Commission; membership.

The Commission shall consist of 17 members, as follows:

- (1) The Secretary of the Department of Human Resources or his delegate shall serve ex officio as a non-voting member;
- (2) Eight shall be appointed by the Speaker of the House of Representatives, five being members of the House of Representatives at the time of their appointment, and at least two being planners for or providers of health, mental health, or social services to older adults; and
- (3) Eight shall be appointed by the President of the Senate, five being members of the Senate at the time of their appointment, and at least two being planners for or providers of health, mental health, or social services to older adults.

Any vacancy shall be filled by the appointing authority who made the initial appointment and by a person having the same qualifications. All initial appointments shall be made

within one calendar month from the effective date of this Article. Members' terms shall last for two years. Members may be reappointed for two consecutive terms and may be appointed again after having been off the Commission for two years. (1987, c. 873, s. 13.1.)

§ 120-183. Commission; meetings.

The Commission shall have its initial meeting no later than October 1, 1987, at the call of the President of the Senate and Speaker of the House. The President of the Senate and the Speaker of the House of Representatives shall appoint a cochairman each from the membership of the Commission. The Commission shall meet upon the call of the cochairmen. (1987, c. 873, s. 13.1.)

§ 120-184. Commission; reimbursement.

The Commission members shall receive no salary as a result of serving on the Commission but shall receive necessary subsistence and travel expenses in accordance with the provisions of G.S. 120-3.1, G.S. 138-5 and G.S. 138-6, as applicable. (1987, c. 873, s. 13.1.)

§ 120-185. Commission; public hearings.

The Commission may hold public meetings across the State to solicit public input with respect to the issues of aging in North Carolina. (1987, c. 873, s. 13.1.)

§ 120-186. Commission; authority.

The Commission has the authority to obtain information and data from all State officers, agents, agencies and departments, while in discharge of its duties, pursuant to the provisions of G.S. 120-19, as if it were a committee of the General Assembly. The Commission shall also have the authority to call witnesses, compel testimony relevant to any matter properly before the Commission, and subpoena records and documents, provided that any patient record shall have patient identifying information removed. The provisions of G.S. 120-19.1 through G.S. 120-19.4 shall apply to the proceedings of the Commission as if it were a joint committee of the General Assembly. In addition to the other signatures required for the issuance of a subpoena under this section, the subpoena shall also be signed by the cochairmen of the Commission. Any cost of providing information to the Commission not covered by G.S. 120-19.3 may be reimbursed by the Commission from funds appropriated to it for its continuing study. (1987, c. 873, s. 13.1.)

§ 120-186.1. Commission; Alzheimer's Subcommittee.

The Commission cochairmen shall appoint an Alzheimer's Subcommittee. The cochairmen shall appoint as members of the Subcommittee three Commission members and at least four but no more than six non-Commission members. The Commission shall prescribe the duties of the Alzheimer's Subcommittee which may include conducting studies on the availability and efficacy of currently existing geriatric or memory disorder services and programs, advising the Commission on matters regarding Alzheimer's services and programs, and recommending to the Commission solutions to related problems. (1989, c. 368, s. 1.)

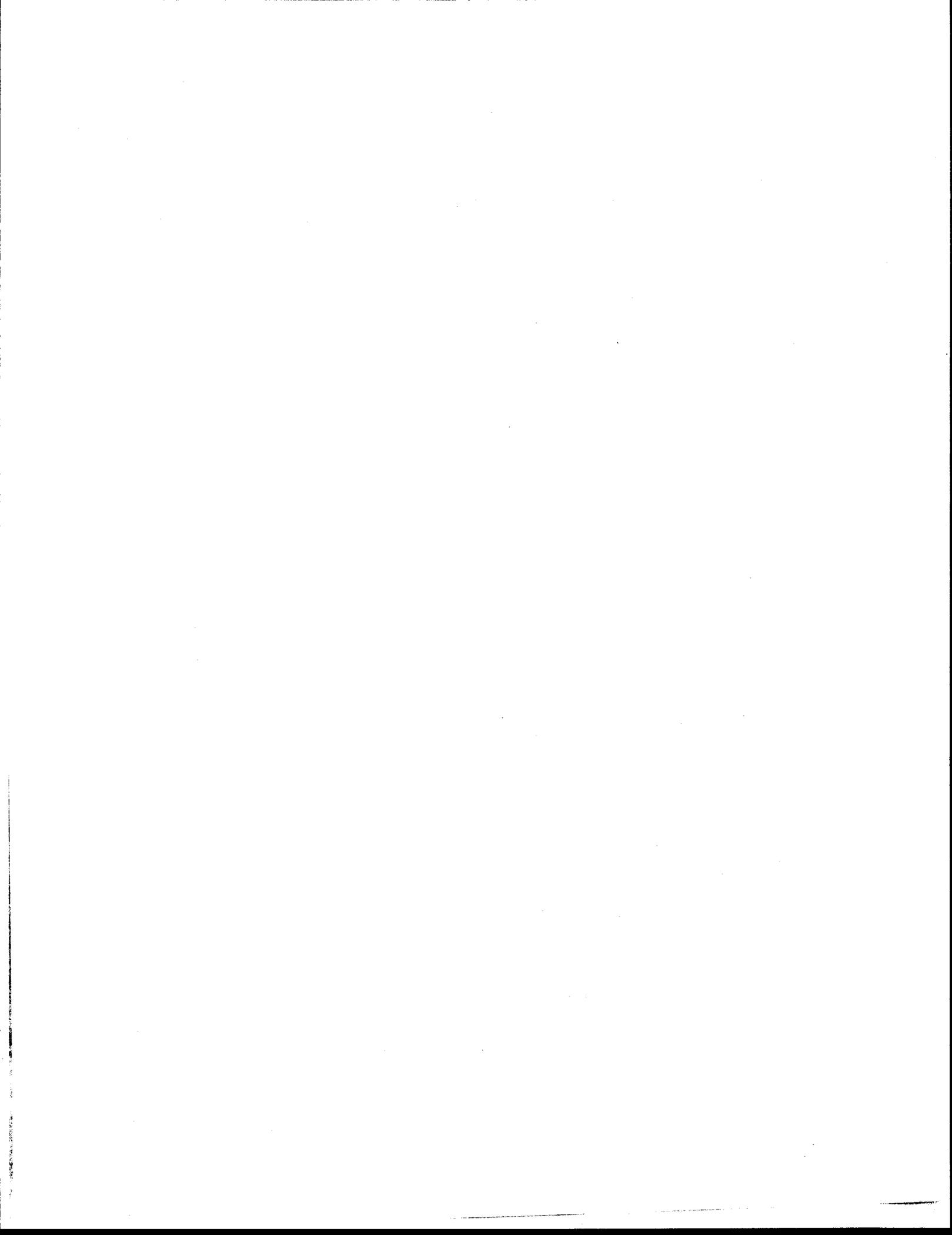
§ 120-187. Commission; reports.

The Commission shall report to the General Assembly and the Governor the results of its study and recommendations. A written report shall be submitted to each biennial session of the General Assembly at its convening. (1987, c. 873, s. 13.1.)

§ 120-188. Commission; staff; meeting place.

The Commission may contract for clerical or professional staff or for any other services it may require in the course of its on-going study. At the request of the Commission, the Legislative Services Commission may supply members of the staff of the Legislative Services Office and clerical assistance to the Commission as the Legislative Services Commission considers appropriate.

The Commission may, with the approval of the Legislative Services Commission, meet in the State Legislative Building or the Legislative Office Building. (1987, c. 873, s. 13.1.)



APPENDIX B

NORTH CAROLINA STUDY COMMISSION ON AGING
SUBCOMMITTEE ON ALZHEIMER'S

Senator Robert C. Carpenter, Cochair
180 Georgia Road
Franklin, NC 28734
(704) 524-5009

Senator James F. Richardson, Cochair
1739 Northbrook Drive
Charlotte, NC 28216
(704) 399-1555

Representative C. R. Edwards
302 Moore Street
Fayetteville, NC 28303
(919) 483-6505

Ms. Alice W. Watkins
N. C. Alzheimer's Association
Eastern Chapter
P. O. Box 2917
Raleigh, NC 27602
(919) 856-1144 or 832-3732

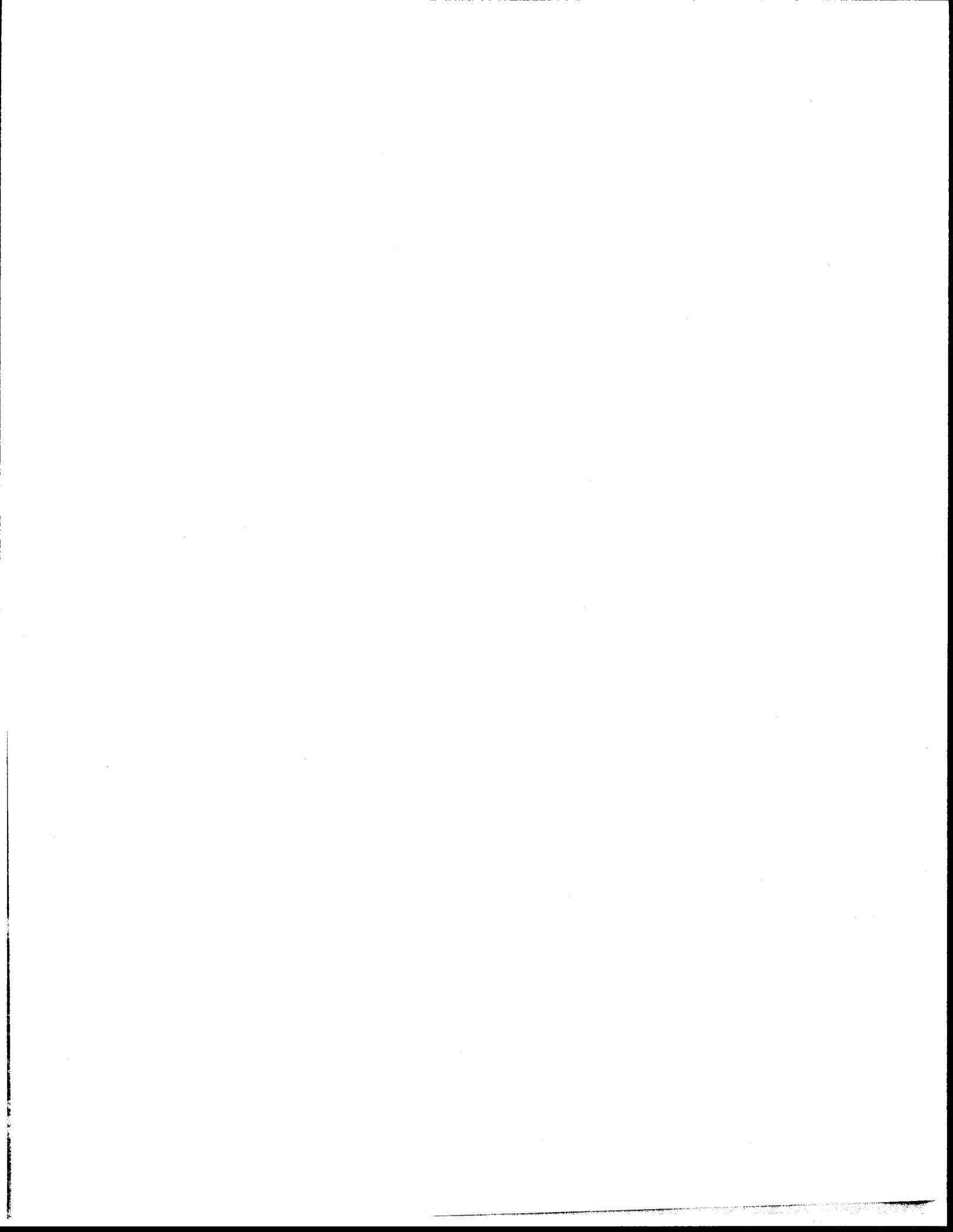
Ms. Judy Hudson
N. C. Alzheimer's Association
Southern Piedmont Chapter
2908 Park Road
Charlotte, NC 28209
(704) 373-1215

Ms. Juanita Dixon
N. C. Alzheimer's Association
Western Chapter
104 Skyland Terrace
Canton, NC 28716
(704) 648-7685

Ms. Myrna Doernberg
N. C. Alzheimer's Association
Triad Chapter
3218 Pennington Lane
Winston-Salem, NC 27106
(919) 765-7482

Ms. Lisa Gwyther, Executive Director
Duke Family Support Program
Duke University Medical Center
Box 3600
Durham, NC 27710
1-800-672-4213

Ms. Emily Simmons, Manager
Patient and Family Services
Wilson Memorial Hospital
1705 South Tarboro Street
Wilson, NC 27893
(919) 399-8198



APPENDIX C

NORTH CAROLINA GENERAL ASSEMBLY SIGNIFICANT LEGISLATION FOR THE ELDERLY 1977 THROUGH 1989

Since 1977, legislation for the elderly has addressed a number of broad areas of concern such as: health care, taxation, employment retirement benefit packages, and social programs. The following summary lists legislation chronologically and provides a brief description of each bill. Continuation budget items and special appropriations are not included.

BILLS

1977

Nursing home bill of rights was passed to assure quality of life for 20,000 patients occupying intermediate and skilled care beds in North Carolina. (H 532, Ch. 242)

Excluded homestead property belonging to elderly and disabled persons with incomes below \$9,000 per year from ad valorem taxes; first \$7,500 of assessed value exempted from property tax. (H 21, Ch. 666)

Prohibited discriminatory hiring practices based upon race, color, religion, national origin, age, sex or handicap. (S 459, Ch. 720)

Permitted school cafeterias to be used for purposes other than school functions such as senior citizen programs. (H 83, Ch. 599)

Created the Division on Aging in the Department of Human Resources to pursue solutions to problems facing the elderly (H 531, Ch. 242) and appropriated funds to establish Division on Aging. (H 532, Ch. 960)

Authorized municipalities to undertake programs for the elderly. (H 535, Ch. 187)

Authorized elderly to attend classes tuition-free at state-supported institutions of higher education, community colleges and technical institutes. (H 842, Ch. 981)

1978

Appropriated \$42,500 in funds for training Nursing Home Advisory Committee members. (H 1540, Ch. 1255)

Required home health services to be provided in every county. (S 931, Ch. 1184)

Modified eligibility standard for medically-needy recipients of Medicaid. (S 1028, Ch. 1228)

Created Nursing Home Advisory Committees. (H 1547, Ch. 1192)

Permitted boards of education to allow school buses to be used by senior citizen groups.
(H 1542, Ch. 1280)

1979

Appropriated \$300,000 for a home-maker/home health aide demonstration program and \$6 million per year for in-home services including adult day care, chore services, homemaker/home health aid services.

Added mobile homes to the definition of homestead property excluded from ad valorem tax. (H 22, Ch. 846)

Allowed homeowners, age 55 and older a once-in-a-lifetime tax exclusion of up to \$100,000 of capital gains on the sale of their principal residence. (H 67, Ch. 801)

Simplified procedural time frames for homestead exclusion for elderly and disabled. (S 203, Ch. 356)

Raised the mandatory retirement age to age 70 for State and local employees and allowed for continued service beyond age 70. (H 65, Ch. 862)

Eliminated the age limit on day care center employees. (H 68, Ch. 9)

Adopted Policy Act for the Aging which outlines policy goals for programs for the elderly. (H 219, Ch. 983)

Exempted charter bus operations for senior citizen groups from rate regulation and route certification procedures. (H 607, Ch. 204)

Extended voting hours for the elderly and disabled. (629, Ch. 425)

1980

Made jury service optional for persons age 65 and older. (S 965, Ch. 1207)

1981

Created a pre-admission screening program for persons at risk of institutionalization to determine if the individual can remain at home with the provision of in-home services; appropriated funds (\$50,000) to DHR to establish a comprehensive screening program. (H 1376; Ch 1120) By the end of 1984, 20 counties to be participating in the project with several hundred thousand in state funds. (H 405, Ch. 675)

Enacted standards for sale of Medicare supplemental insurance to protect elderly consumers. (S 449, Ch. 503)

Placed moratorium on issuance of certificates of need for the construction of nursing home beds. (H 675, Ch. 667)

Appropriated \$390,000 for adult day care services. (S 727, Ch. 1048)

Domiciliary home patient's bill of rights. (H 1098, Ch. 928)

Excluded a person's home and adjoining property (if valued under \$12,000) when determining eligibility for state county medical assistance. (H 1216, Ch. 849)

Increased homestead exemption from \$7,500 of assessed value to \$8,500 of assessed value. (H 5, Ch. 1052)

Extended deadline to apply for homestead exemption (H 14, Ch. 28) and simplified application procedures for homestead exemption. (S 39, Ch. 54)

Amended entry age restrictions in the Teachers - State Employees Retirement System and allowed purchase of past service credits. (H 1274, Ch. 1396)

Simplified procedures for requesting exemption from jury duty by the elderly. (S 38, Ch. 9; S 39, Ch. 54)

Raised punishment for assault on the handicapped. (S 40, Ch. 780)

Recodified social service laws detailing policies, programs and procedures on behalf of adults in need of protective services. (S 153, Ch. 273)

Eliminated barriers to coordinating human service volunteer transportation. (H 1229, Ch. 792)

Appropriated \$65,000 to provide one-time grants to senior citizen centers across North Carolina. (H 1392, Ch. 1127)

1982

Appropriated \$50,000 to Wake County to establish a comprehensive screening program for the elderly. (H 1340, Ch. 1284)

Increased retirement formula for local employees retirement system. (H 1340, Ch. 1284)

1983

Created a Domiciliary Home Community Advisory Committee and provided for training to committee members. (S 18, Ch. 88)

Eliminated "deeming" income or assets of the spouse when determining Medicaid eligibility for a person who is at risk of institutionalization. (S 23, Ch. 761)

Authorized study of "life care" centers to determine if there are sufficient legal protections for the elderly who subscribe to them. (H 1142, Ch. 05)

Appropriated \$100,000 to fund State Adult Day Care Programs. (S 552, Ch. 876)

1985

Provided broad-based tax relief to North Carolina citizens. (H 222, Ch. 656)

Intangibles Tax - Exempted money on deposit in banks, money on hand, funds on deposit with insurance companies and short term cash balances held by stock and bond brokerage companies; effective January 1, 1985

Inheritance Tax - Exempted most spouses from the inheritance tax effective August 1, 1985; exemption would rise to \$500,000 by 1989.

Gift Tax - Exempted gifts between spouses from gift tax and increased lifetime exemption from \$30,000 to \$100,000.

Income Tax - Provided a new income tax credit of \$25 for returns up to \$5,000; \$20 for returns from \$5,000 to \$10,000; and \$15 for returns of \$10,000 to \$15,000

Sales Tax on Funerals - Increased the state and local sales tax exemption for funerals from \$150 to \$1,500

Food Stamp Purchases - Exempted food purchased with food stamps from state sales tax.

Homestead Exemption - Increased the property tax homestead exemption from \$8,500 to \$10,000 and qualifying income limit from \$9,000 to \$10,000 in January 1986; in 1987 exemption increased to \$12,000 on an income of \$11,000

Removed the reporting requirements for estates of less than \$100,000. (H 6, Ch. 82)

Allowed spouses to use each others \$3,000 annual exclusion from gift tax only if both are North Carolina residents when gift is made. Consent to share exclusion with spouse must be given on timely filed gift tax return and is irrevocable. (H 46, Ch. 86)

Eliminated the necessity of obtaining an inheritance tax waiver for securities declared and interest accruing after the decedent's death. (H 50, Ch. 87)

Required the Department of Human Resources to inspect and certify adult day care programs. (H 151, Ch. 67)

Improved Adult Protective Services Law to allow access by the county social services director to records kept by an individual, facility, or agency that is acting as a caretaker; gave county social services director the authority to conduct a private interview with a disabled adult who has been reported to be abused, neglected, or exploited. (H 665, Ch. 658)

Established that it is not an unreasonable preference or advantage for the Utilities Commission to order waiver of fees or lifeline rates for low income residential subscribers of local telephone services. (H 1010, Ch. 694)

1986

Appropriated in H 2055:

\$375,000 for home health care for indigents to provide skilled nursing, therapy, home health aide, medical social services, durable medical equipment and supplies to indigent patients who are homebound.

\$737,000 to increase the number of adult day care slots by 190 additional people.

\$350,000 for new program called "Respite Care" to help relieve family members who ordinarily care for the elderly patient by giving a short break or respite.

\$750,000 to increase the personal needs allowance from \$29-\$34 for residents of rest homes who participate in the state/county special assistance program.

1987

Provided tax exemption of personal and real property for certain retirement communities. (H 318, Ch. 356)

Exempted motorized wheelchairs and similar vehicles not exceeding 1,000 pounds from registration card titling requirements. (H 551, Ch. 157)

Allowed a \$4,000 income tax exemption for all public sector retirees; increased retirement formula for state and local retirees; provided \$2,000 tax exemption for private sector retirees. (H 1311, Ch. 792)

Required that prior to execution of a contract to provide continuing care, the provider shall make an adequate disclosure statement to the purchaser of the contract; escrow accounts are required. (S 78, Ch. 83)

Established performance and disclosure standards for long-term care insurance policies. (S 462, Ch. 331)

Established fund with \$19.6 million from a federal lawsuit, for local housing authorities, municipalities, and others to assist the poor in finding places to live. (S 738, ch. 841)

Limited liability of a director, trustee or officer of a religious society, a fraternal society or order, or non-profit corporation; the immunity is personal to the directors, trustees and officers and does not immunize the corporation for liability for acts or omissions of the directors, trustees or officers. (S 771, Ch. 799)

Allowed counties to develop a single portal of entry, a consolidated case management system, and a common data base for human services. (S 868, Ch. 422)

Made it unlawful for any person to intentionally abuse a patient at a health care facility or a resident of a resident care facility; provides penalties. (H 354, Ch. 527)

Allowed curbside voting during the entire time the polls are open. (H 494, Ch. 300)

Required the State Board of Elections to issue rules to assure that any handicapped or elderly voter assigned to an inaccessible voting place will be assigned to an accessible voting place. (H 549, Ch. 465)

Provided qualified immunity from civil liability from libel for members of nursing home and domiciliary home advisory committees. (H 663, Ch. 682)

Created a new Chapter G.S. 35A which establishes a simplified uniform statutory structure and procedure for adjudication of incompetence and appointment of guardians. (H 954, Ch. 550)

Increased the permissible amount of funeral expenses against an estate from \$1,000 to \$2,000. (H 1029, Ch. 286)

Revised and made more stringent penalties for violations by nursing and domiciliary care homes. (H 1057, Ch. 600)

Required the development of a statewide aging policy plan documenting ways in which the State can best meet the needs of the aged. (H 1159, Ch. 289)

Provided first available bed priority for nursing home patients temporarily absent from a nursing facility due to a hospital stay. (H 1065, Ch. 1080)

Established the independent Study Commission on Aging Part XIII with an appropriation on aging. (H 1350, Ch. 873)

Improved solvency protection of health maintenance organizations and established net worth definitions and financial criteria. (H 683, Ch. 631)

Prohibited certain unfair methods of competition in the advertising and sale of insurance, and required the fair representation of policy benefits in Medicare Supplement policies. (H 773, Ch. 787)

1988

Increased the annual State income tax exclusion for federal employee retirement programs from \$3,000 per year to \$4,000 per year. (H 142, Ch. 892)

Increased the retirement formula for members of the Teachers and State Employees Retirement System and the Local Government Employees Retirement System. (S 661, Ch. 1110)

Appropriated more than \$6.5 million to fund a three-part package to foster a better system of community-based help. One part provided transportation assistance; second part focused on in-home and community-based care for the elderly and made an attempt to put together a coordinated system of these services; third part appropriated money for renovation of a facility for persons with Alzheimer's. (S 1559, Ch. 1095)

Used \$327,424 from Social Services Block Grant to continue Respite Care Program which attempts to avoid the complete institutionalization of older adults. (H 2641, Ch. 1086)

1989

Required the Division of Aging to submit to the General Assembly every two years a plan for serving older adults including an analysis of needs, current services, and specific recommendations for expanding services and funding. (H 69, Ch. 52)

Required that the Division of Aging serve as the lead agency to ensure that adequate data are available regarding the elderly. (H 70, Ch. 695)

Amended the statute creating the North Carolina Study Commission on Aging to include the requirement that an Alzheimer's Subcommittee be a permanent part of the Commission. (H 258, Ch. 368)

Established within the Department of Human Resources an Advisory Committee of 25 members to recommend to the Secretary and to the General Assembly strategies for improving in-home and community based care for older adults. (H 1008, Ch. 457)

Formally established the long-term care ombudsman program office in the Division of Aging; set functions and duties; established regional ombudsmen in each area Agency on Aging whose duties include complaint resolution and public education. Complainant's identity confidential; retaliation prohibited. (S 80, Ch. 403)

Amended the description of duties and membership of the committee that reviews finances for nursing homes and rest homes; membership set at nine. (H 76, Ch. 556)

Required the Department of Human Resources to follow up on promises made by recipients of certificate of need because the process is very competitive and the decision to award CON by the State is based on representations contained in the application; Department shall obtain evidence from recipients that the facility is operating in material compliance with the application for the CON. (H 1082, Ch. 233)

Improved long-term care insurance coverage for elderly; standards established by the 1987 General Assembly strengthened in 1989 and made more consistent with other states. (S 503, Ch. 207)

Made changes in the 1987 statutes regulating continuing care centers; removed the act from the Department of Human Resources and placed in Chapter 58 related to the Department of Insurance; changed from being self-regulated to being subject to licensure by Insurance Commissioner. (S 519, Ch. 758)

Required the Division of Aging serve as information clearinghouse regarding education and training programs about and for the elderly. (H 74, Ch. 696)

Required the Department of Human Resources to formulate Social Services Plan for each county including cost estimates, timetables, standards, financing responsibilities, and supervision and enforcement mechanisms and to present the plan to the 1990 General Assembly. (H 141, Ch. 448)

Added a provision to the Nursing Home Patients' Bill of Rights that the patient or patient's family or guardian be notified when a facility is issued a provisional license or notice of revocation of a license. (H 174, Ch. 75)

Conformed state individual income tax to the federal income tax law to simplify calculation of the tax. Modernized the tax system and adjusted for inflation by increasing personal exemptions and the standard deduction. Reduced taxes for approximately 65% of low to moderate income taxpayers and increased to some extent for the remaining taxpayers. (S 51, Ch. 728)

Authorized the Department of Human Resources to petition the Utilities Commission for the creation of special telephone dual party relay services for the deaf and speech impaired; system to be funded with a surcharge on all residential and business local exchange access facilities. (H 1186, Ch. 599)

Required temporary nursing pools to obtain licenses from the Department of Human Resources and to comply with the North Carolina Medical Care Commission rules which regulate supervisory structure, employee training, and quality control; Commission must ensure proper licensing and professional liability insurance coverage. (S 245, Ch. 744)

Clarified restrictions of transfer of property for the purpose of obtaining Medicaid coverage as enacted in 1981 to apply only to transfers made before July 1, 1988; for those after July 1, 1988, the federal Medicare Catastrophic Coverage Act of 1988 will apply. Does not prohibit transfers of property for people living at home; prohibits transfers for nursing home residents made within 30 months prior to Medicaid application. (H 657, Ch. 120)

Revised the minimum standards for Medicare supplement insurance policies; authorized the Commissioner of Insurance to adopt rules establishing standards for policy provisions, benefits and claims payment, and low ratios of policies on the basis of incurred claims experience or incurred health care expenses and earned premiums; required that applicant receive full and fair disclosure; provided for a 30-day period within which an applicant may return a policy for full refund. (S 446, Ch. 729)

1990

Changed the reporting date that the Department of Human Resources has to report its plan for social services in each county from the convening of the 1990 Session to the Convening of the 1991 Session of the General Assembly. (S 1443, Ch. 868)

Amended the statutes on hunting licenses and hook-and-line fishing licenses to provide a lifetime combination hunting and fishing license for an individual state resident who reaches the age of 70. (H 2091, Ch. 909)

Provided complimentary lifetime hook-and-line fishing licenses to individual residents of rest homes. (H 2092, Ch. 926)

Resolutions

1977

- Res. 81: Urged Congress to plan and finance a White House Conference on Aging in 1980 or 1981
- Res. 86: Directed a Legislative Research Commission to study the problems of the aging

1978

- Res. 106: Resolved to continue LRC Study of the problems of the aging
- Res. 107: Directed DHR to appoint a Task Force to study Home Health and Homemaker Services

1979

- Res. 13: Endorsed In Home Services as an alternative to Institutional Care and directed DHR to develop a comprehensive In Home Care System
- Res. 68: Provided for continuation of LRC study on problems of the aging

1981

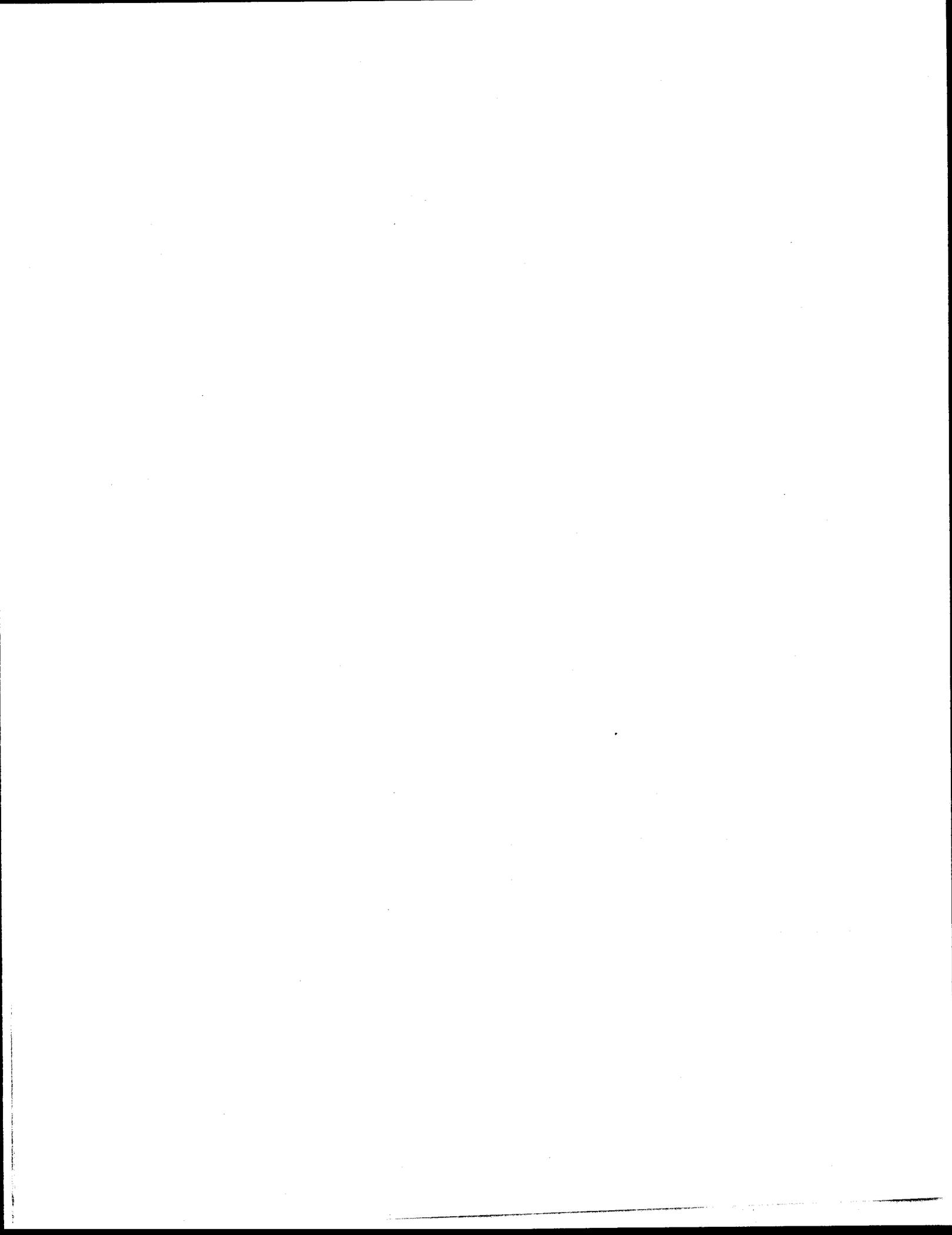
- Res. 58: Called upon Congress to make more funds available for Adult Day Care

1983

- Res. 11: Requested the Governor to appoint representatives of the elderly to boards and committees
- Res. 44: Continued LRC study on problems of the aging

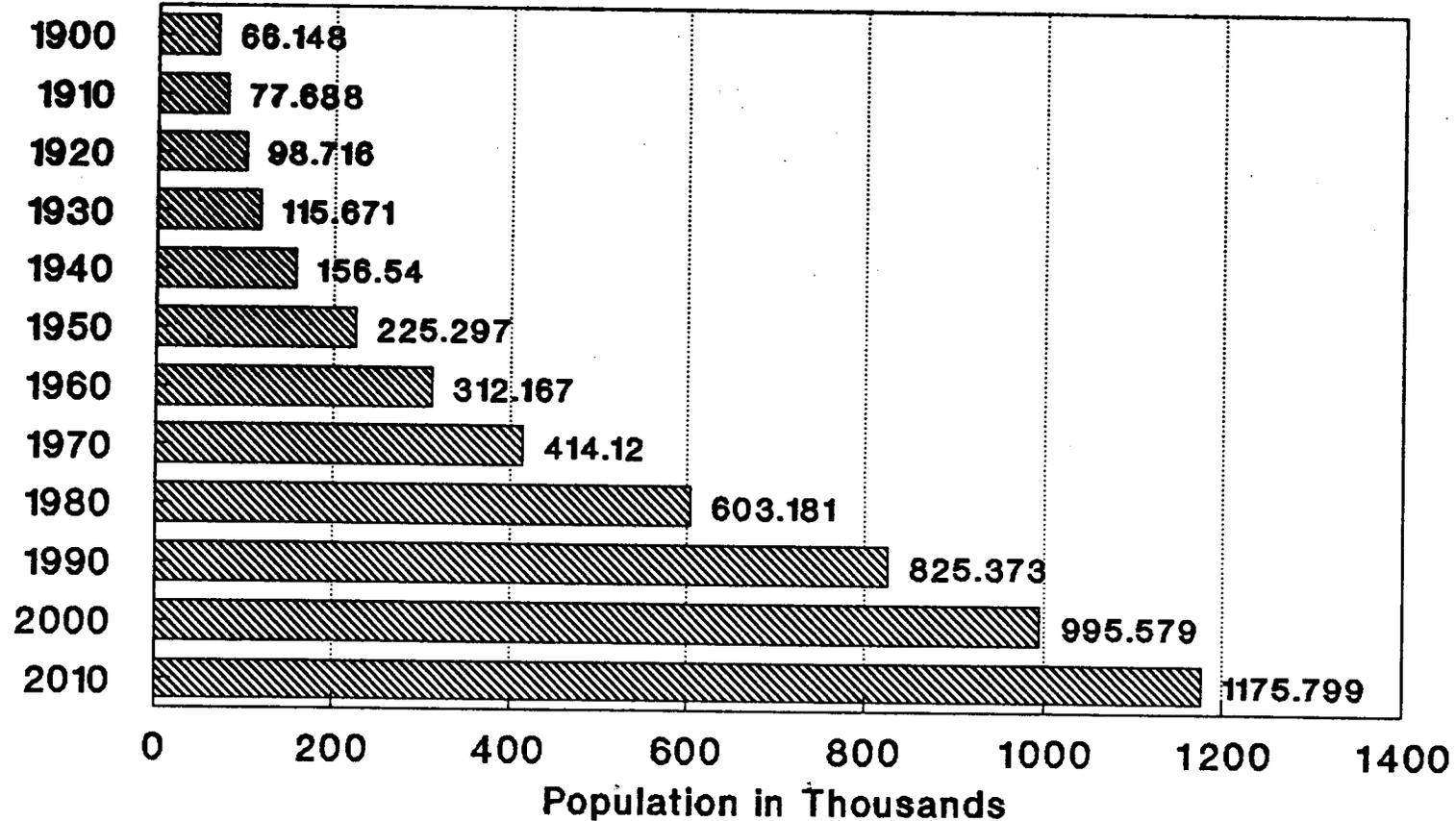
1985

- Res. 4: Designated the week of March 10 through 16 as "Employ the Older Worker Week" and honored the memory of people throughout history who accomplished great things late in life



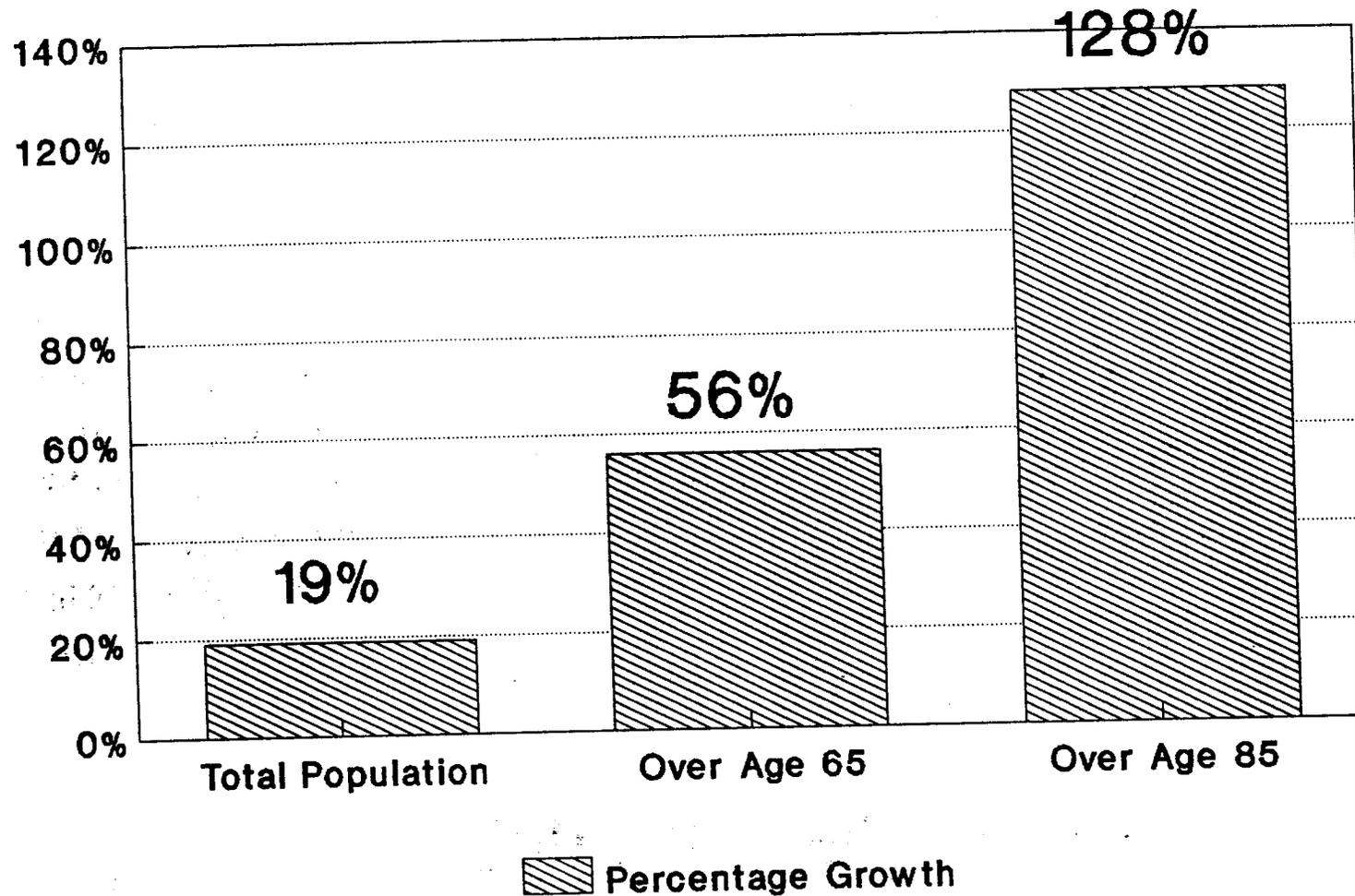
Population Aged 65 and Older North Carolina, 1900-2010

Year

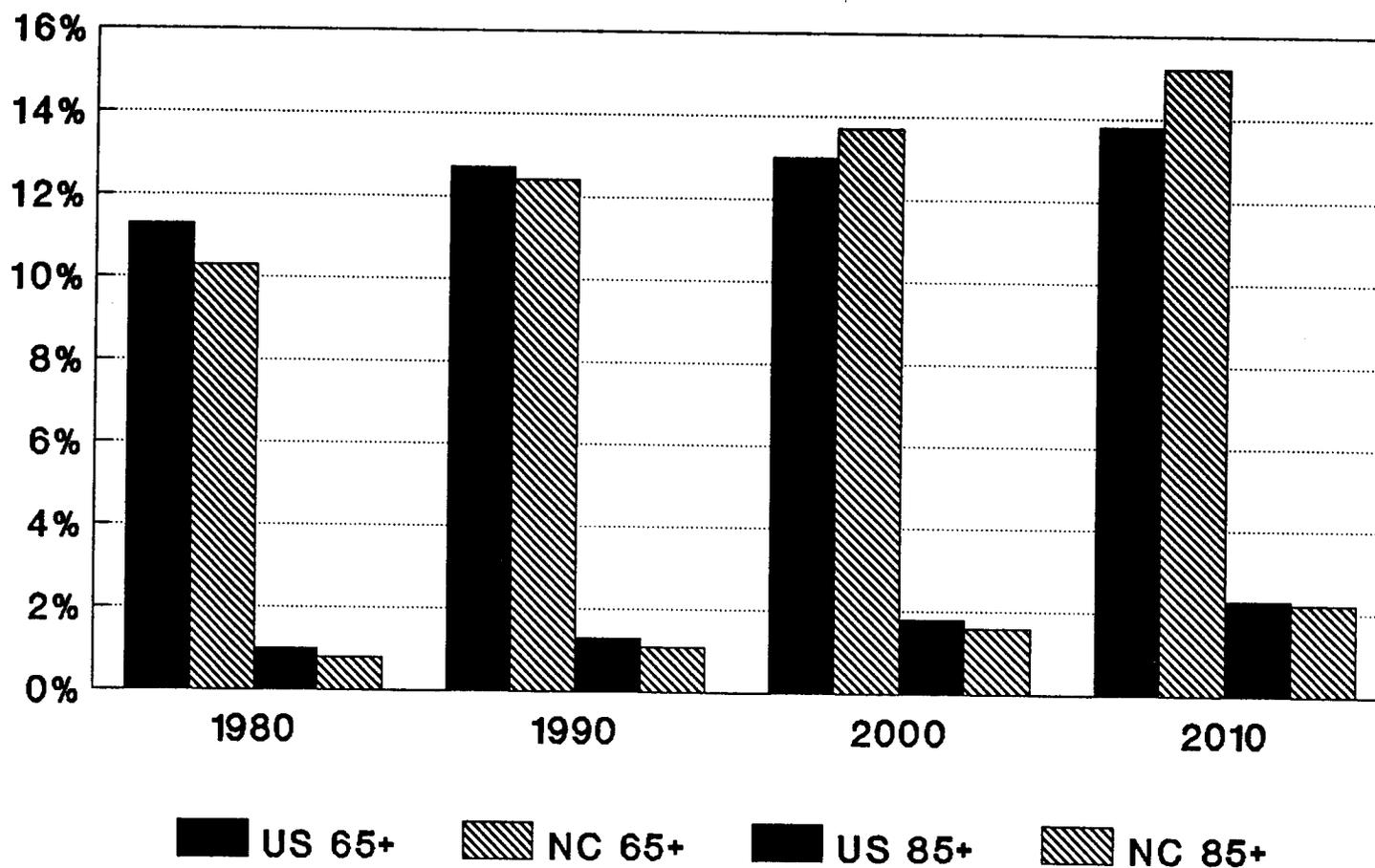


actual & projected figures

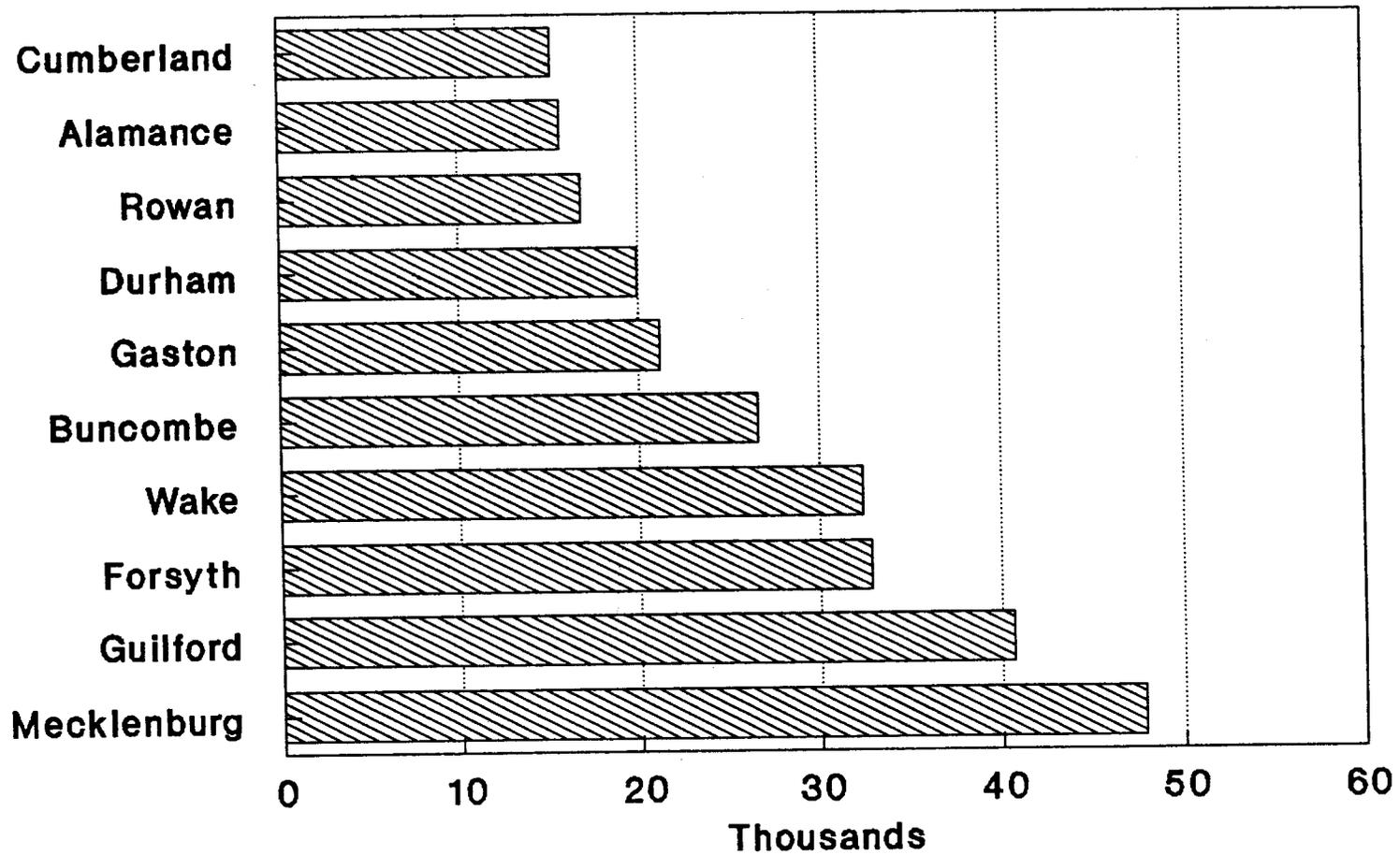
POPULATION GROWTH IN NORTH CAROLINA 1980--2000



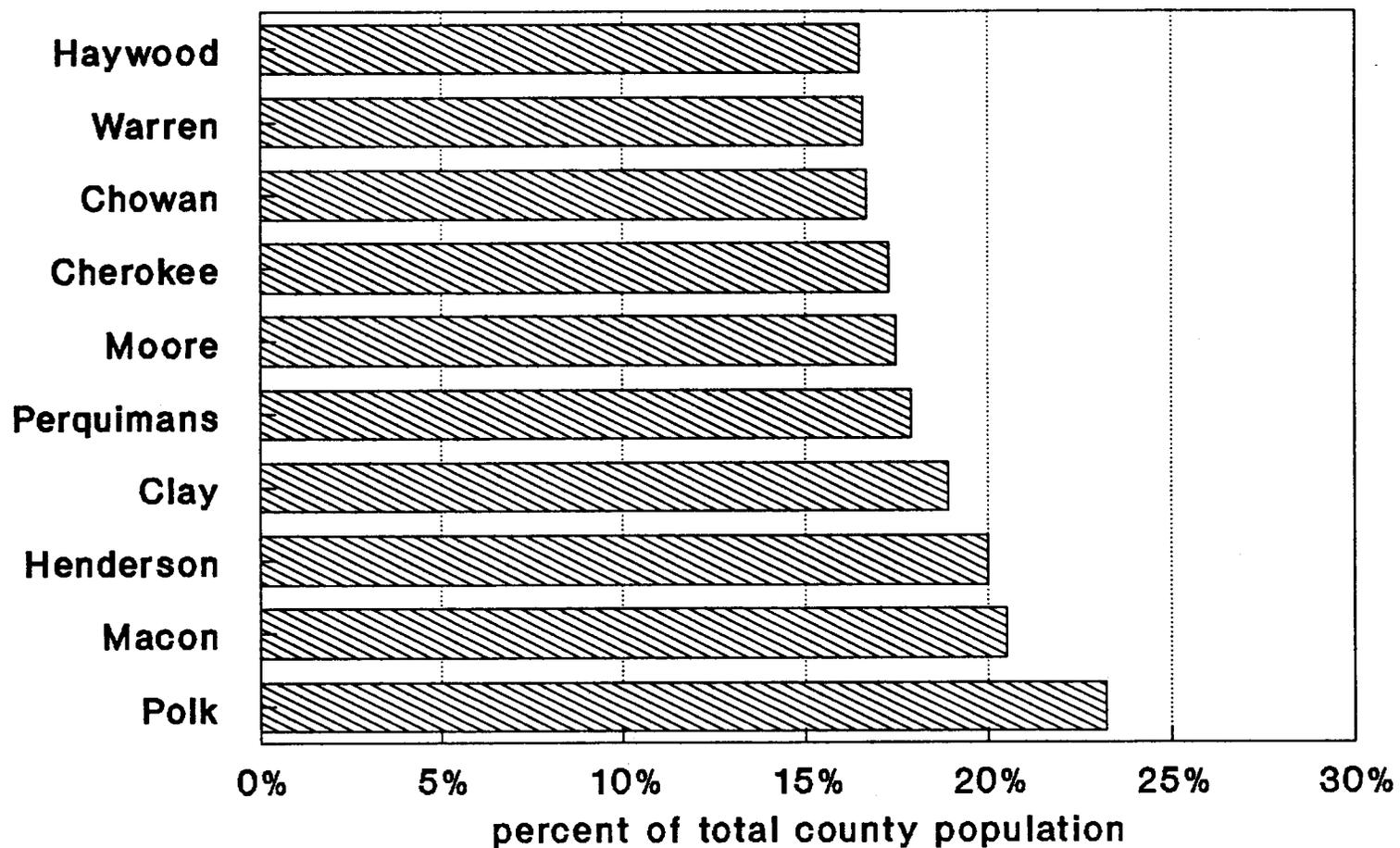
Percent of Elderly Population 65+ & 85+ US and NC (1980-2010)



NC Population Over Age 65 Top Ten Counties 1988



Percent of Total Population Over 65 Top Ten NC Counties 1988



Life Expectancy by Race

North Carolina, 1980

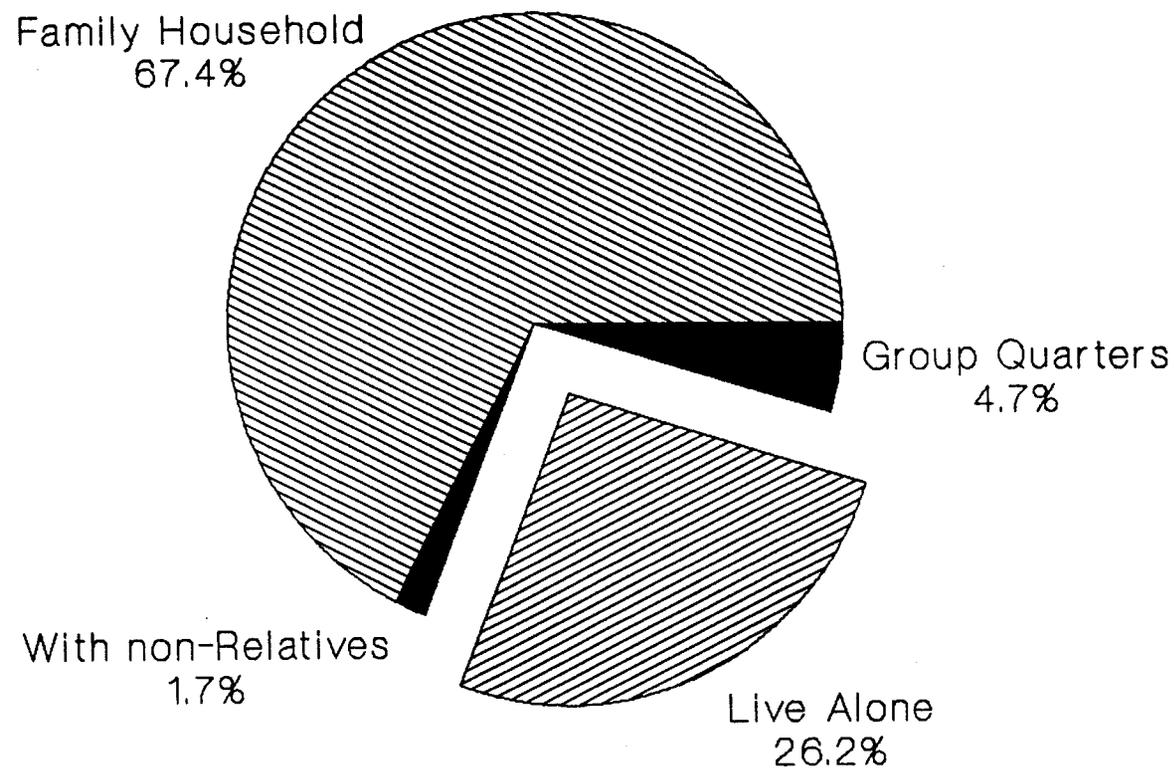
<u>Group</u>	<u>@ Birth</u>	<u>@ Age 65</u>	<u>@ Age 85</u>
White Men	70.0	14.0	5.6
White Women	78.5	18.8	6.4
Nonwhite Men	63.7	13.1	5.4
Nonwhite Women	73.4	17.3	6.7
Total NC Population	72.9	17.0	5.9

prepared by CARES Center/UNC-CH

POPULATION 65+ BY AGE, RACE & SEX North Carolina, 1988



1980 Living Arrangements Persons Aged 65 and Older



Estimated Percentage of Persons Below the Poverty Level (1987)

	<u>North Carolina</u>	<u>United States</u>
All Persons	14.1%	13.5%
Persons 65+	20.9%	12.2%
*Children	19.4%	20.%

* Related children in families below the poverty level

Family Income--Householders Age 65 and Older

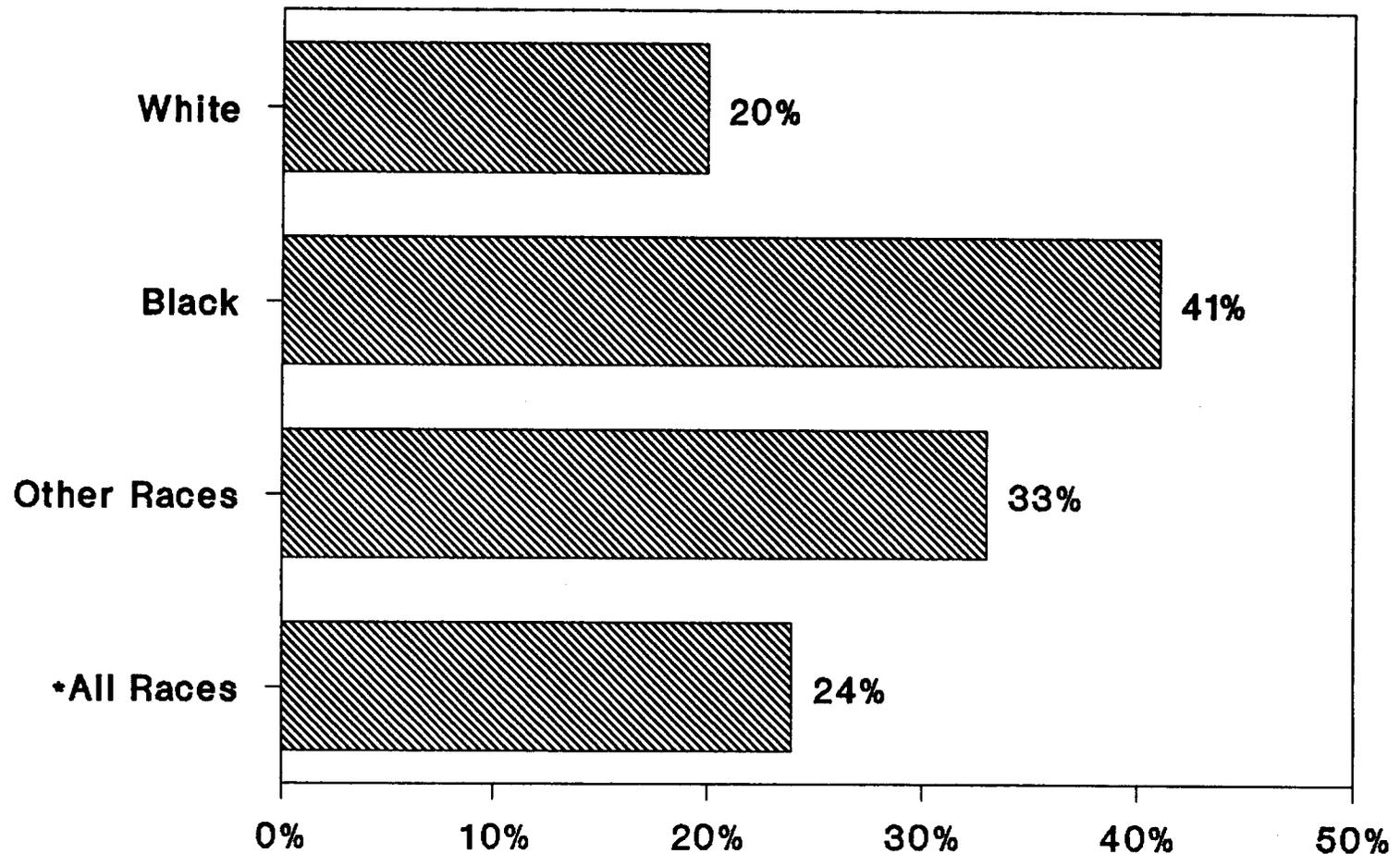
N.C. 1980: 1979 Income expressed in 1988 Dollars

<u>1979 Income Range</u>	<u>1988 Income Range</u>	<u>Percent</u>
Less than \$5,000	Less than \$7,850	17.7%
\$5,000-\$9,999	\$7,850-\$15,699	31.6
\$10,000-\$14,999	\$15,700-\$23,549	20.5
\$15,000-\$19,999	\$23,550-\$31,399	12.0
\$20,000-\$24,999	\$31,400-\$39,249	6.7
\$25,000-\$34,999	\$39,250-\$54,949	6.2
\$35,000-\$49,999	\$54,950-\$78,499	3.2
\$50,000 or more	\$78,500 or more	2.1

•Total Number of Families=222,631

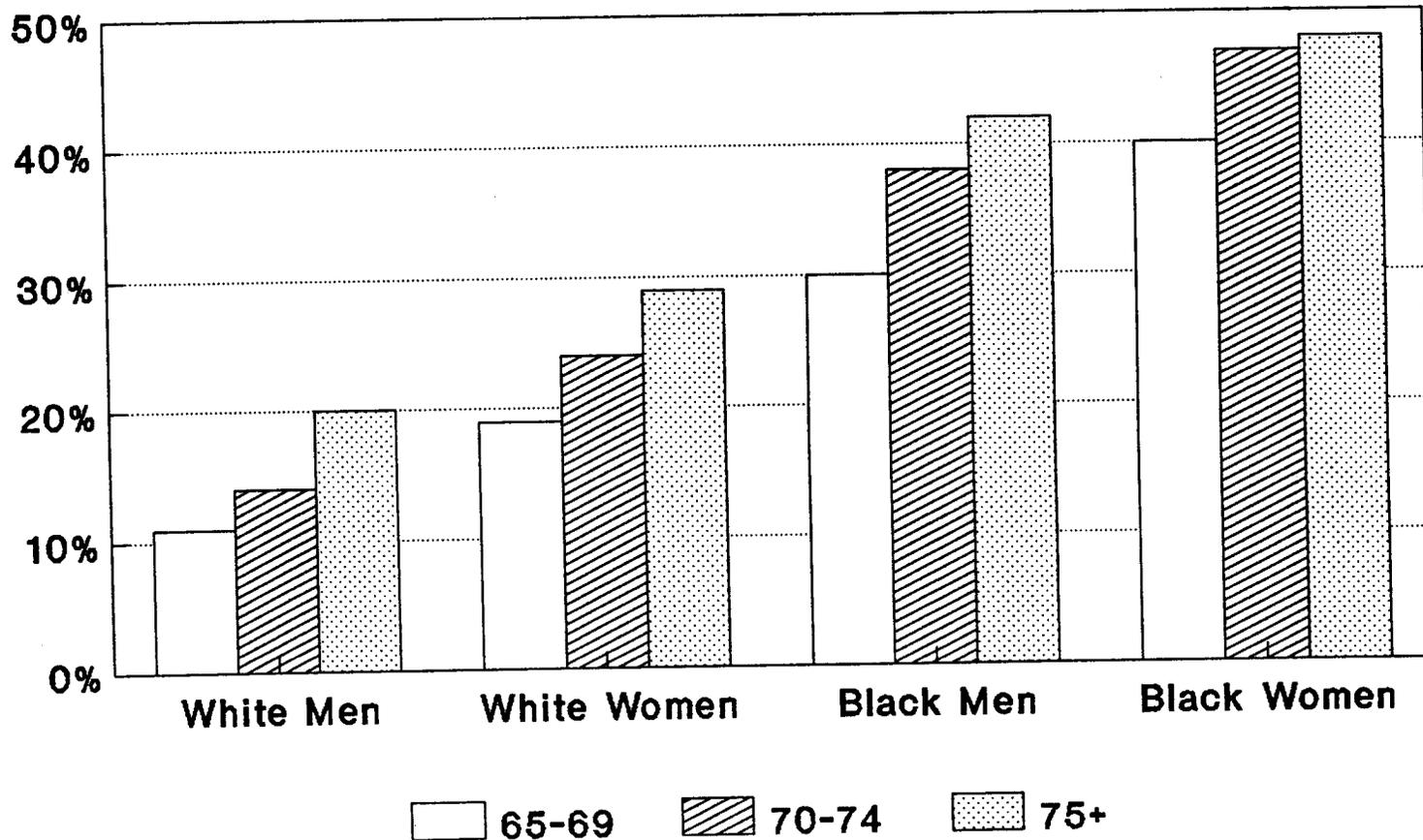
POVERTY RATE BY RACE FOR PERSONS 65+ North Carolina, 1979 Income

*Poverty rate for rural elderly is 38%

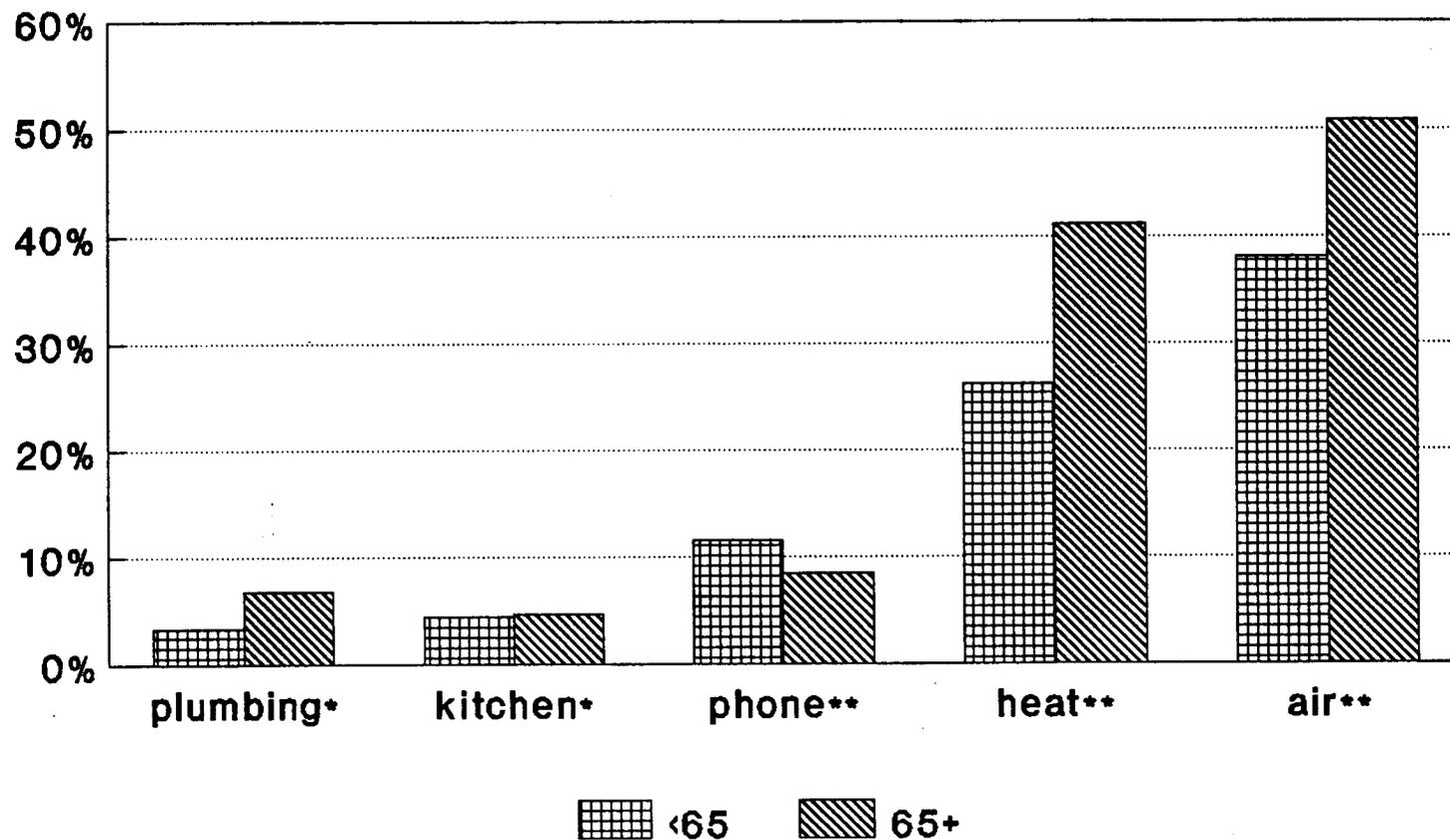


79

1980 Population in Poverty by Age, Race and Sex



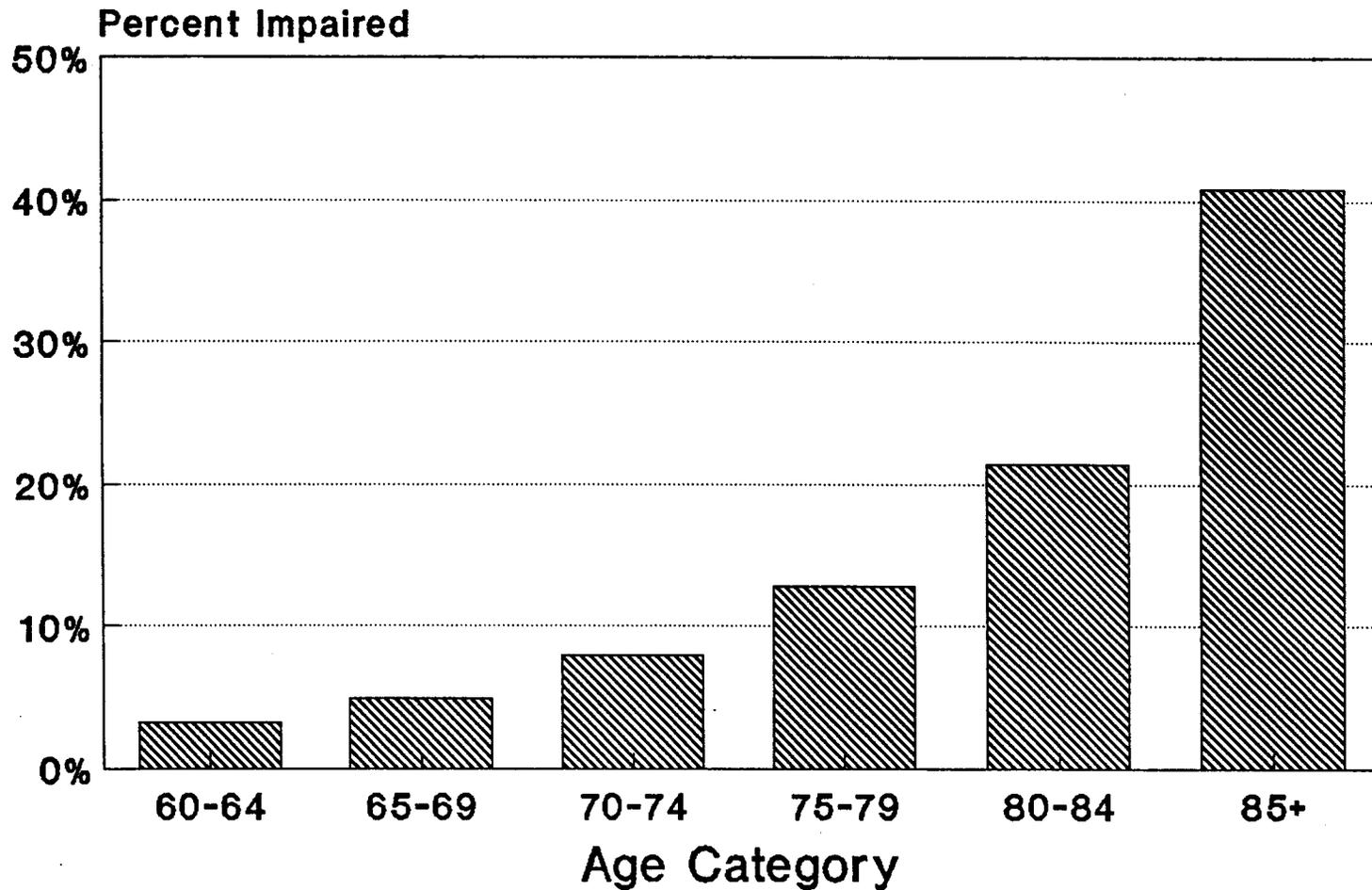
Percent of NC Households with Selected Inadequacies by Age of Householder 1980



*incomplete or shared

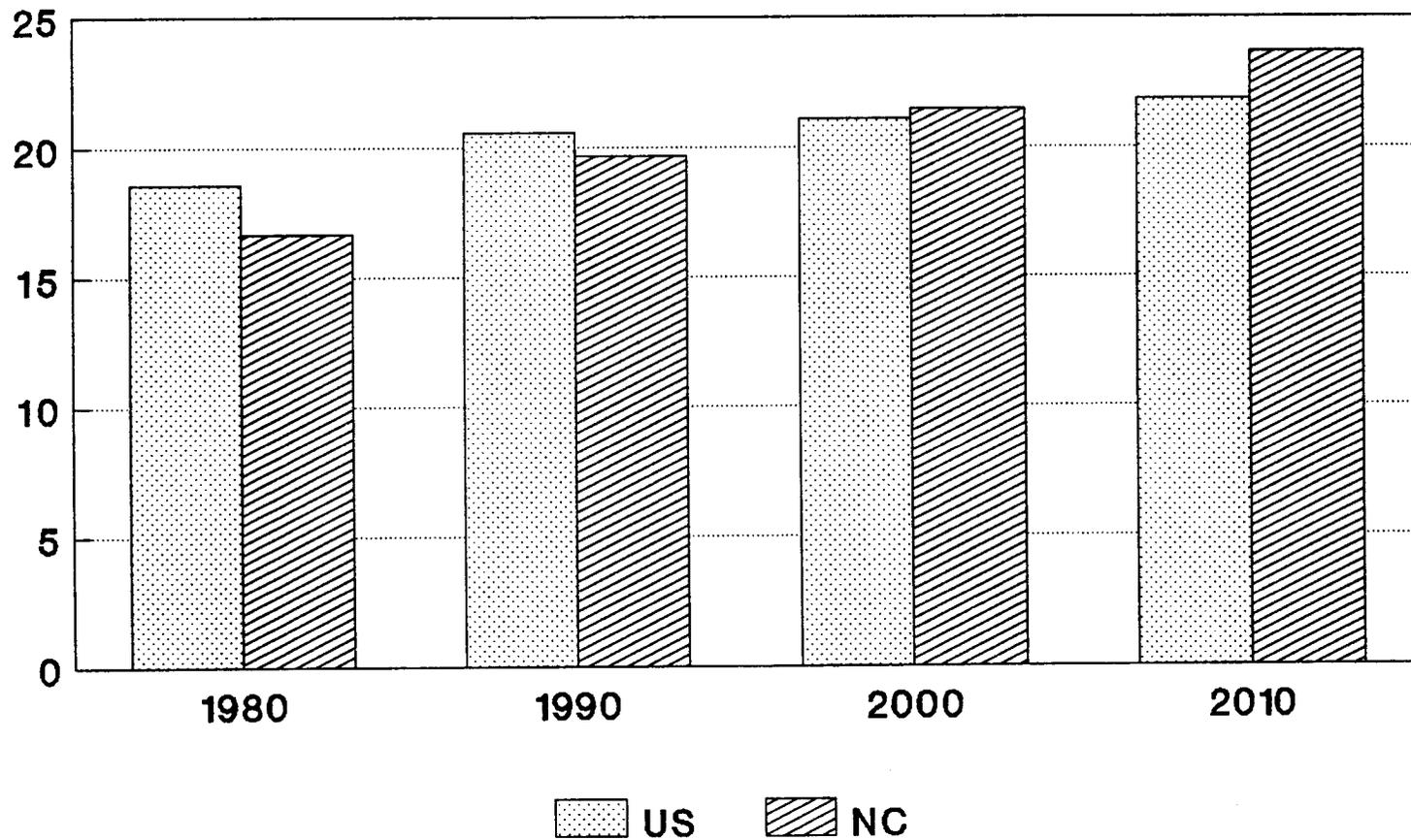
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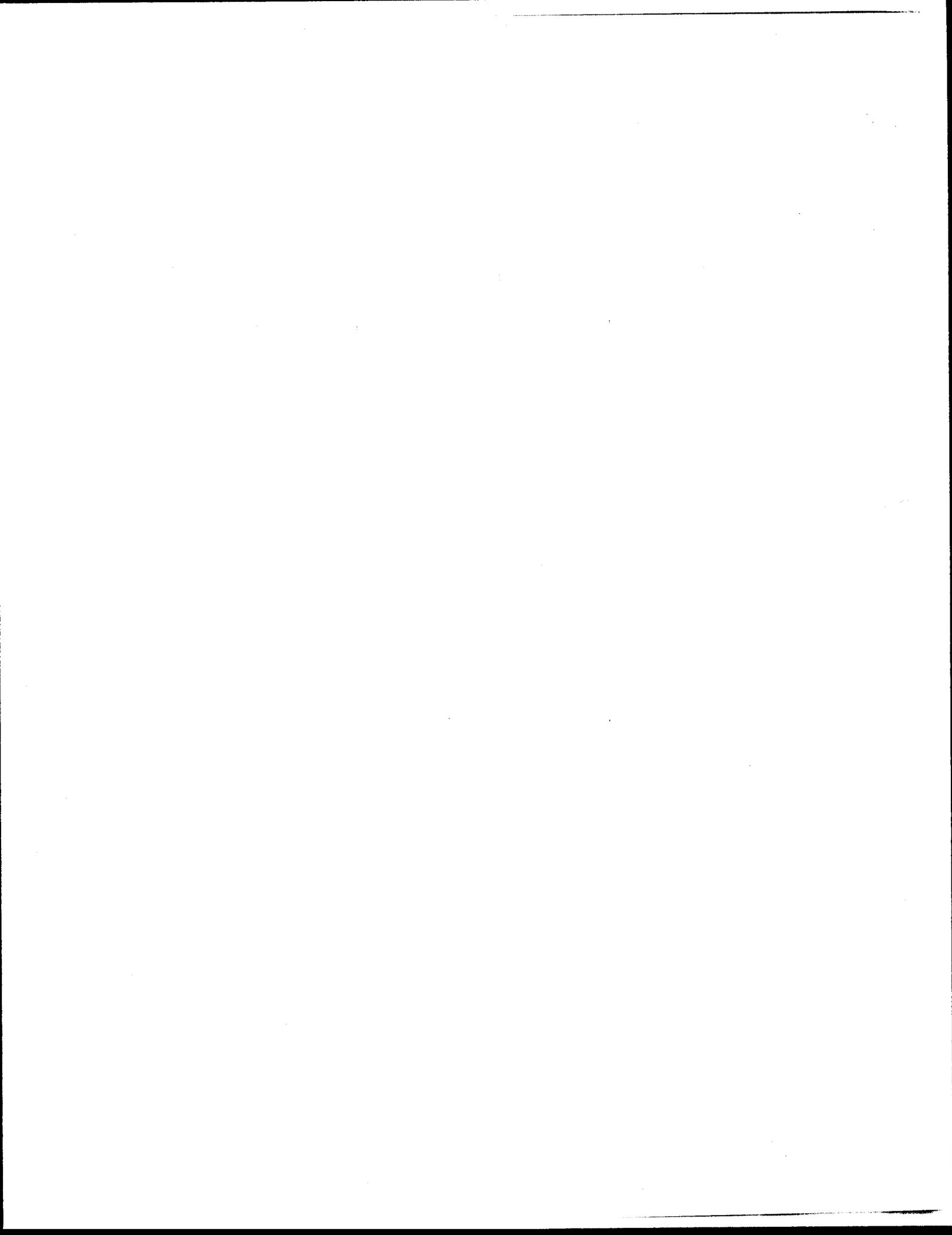
Estimated Rate of Functional & Mobility Impairment by Age Group



Methodology by Unger & Welssert, 1983

US & NC Dependents Age 65+ per 100 Persons Age 18 to 64





APPENDIX E

GLOSSARY OF AGING TERMS*

ACCESS SERVICES - Currently, one of three priority areas designated in the Older Americans Act to help meet the needs of older adults. Refers to such services as transportation, outreach and information and referral which help to facilitate "access" to existing supportive services.

ACTIVITIES OF DAILY LIVING - Basic self-care activities, including eating, bathing, dressing, transferring from bed to chair, bowel and bladder control, and independent ambulation, which are widely used as a basis for assessing individual functional status.

ADMINISTRATION ON AGING (AOA) - The principal agency in the federal government having responsibility to administer the provisions of the Older Americans Act. It advocates at the federal level for the needs, concerns and interests of older citizens throughout the nation.

ADULT DAY CARE - The daily and regular provision of a range of services, provided under the auspices of a health care facility or freestanding day care center, which may include health, medical, psychological, social, nutritional, and educational services that allow a person to function in the home.

ADULT DAY HEALTH - Adult day health is a term that applies to programs that offer a variety of health and social services in a congregate setting to functionally impaired adults. Specific services may vary among programs but include counseling, exercise, case management, health screening or monitoring, physical therapy, occupational therapy or speech therapy. Generally adult day health programs operate 5 days a week. Transportation may be provided to and from the program.

ADULT FOSTER CARE - A community living alternative, serving primarily the elderly in family-like settings and providing assistance with activities of daily living. Programs receive major financial support from state and local governments.

AGING NETWORK - A highly differentiated system of federal, state and local agencies, organizations and institutions which are responsible for serving and/or representing the needs of older people. The network is variously involved in service systems development, advocacy, planning, research, coordination, policy development, training and education, administration and direct service provision. The core structures in the network include the Administration on Aging (AoA), State Offices on Aging, Area Agencies on Aging (AAAs), and numerous service provider agencies.

AHOY - Add Health to Our Years (AHOY) is an exercise/physical fitness program for older adults that emphasizes safe and enjoyable movements that will improve an older adult's strength, endurance, and flexibility.

* Resources: Division of Aging
National Conference of State Legislatures

ALZHEIMER'S DISEASE - A progressive, degenerative disease that attacks the brain and results in impaired memory, thinking and behavior. It is estimated that approximately 50,000 people, primarily older adults, suffer from Alzheimer's in North Carolina.

AREA AGENCY ON AGING - Area Agencies on Aging (AAAs) plan, coordinate and advocate for the development of a comprehensive service delivery system to meet the needs of older people in a specific geographic area. The AAAs are the result of the 1973 amendments to the Older Americans Act and together with the federal level Administration on Aging, the State Offices on Aging, and local service provider agencies comprise the "aging network."

AREA AGENCY ADMINISTRATOR - The full-time director of the Area Agency on Aging.

AREA PLAN ON AGING - An area plan is the document submitted by an Area Agency to the State agency in order to receive subgrants from the state agency's grant under the Older Americans Act. The area plan contains provisions required by the law and commitments that the Area Agency will administer activities funded under the Act in accordance with all federal requirements. The area plan also contains a detailed statement of the manner in which the Area Agency is developing a comprehensive and coordinated system throughout the planning and service area for all services authorized under the Older Americans Act.

BLOCK GRANT - An intergovernmental transfer of federal funds to states and local governments for broad purposes, such as health, education or community development in general. A block grant holds few requirements for how the money is to be spent, instead offering state and local discretion within general guidelines established by Congress and the executive branch. Annual program plans or applications are normally required.

CASE MANAGEMENT - An inter-agency, standardized process focusing on the coordination of a number of services needed by vulnerable clients. It includes an objective assessment of client needs; the development of an individualized care plan based on a needs assessment that is goal oriented and time limited; arrangement of services; and reassessment, including monitoring and follow-up.

CATEGORICALLY NEEDY - Aged, blind, or disabled individuals or families and children who are otherwise eligible for Medicaid and who meet financial eligibility requirements for Aid for Families with Dependent Children, Supplemental Security Income, or an additional state supplement.

CERTIFICATE OF NEED (CON) - A certificate issued by a government body to a health care provider who is proposing to construct, modify, or expand facilities, or to offer new or different types of health services. CON is intended to prevent duplication of services and overbedding. The certificate signifies that the change has been approved.

CHISS (CONSUMER HOUSING INFORMATION SERVICE FOR SENIORS) - A program which the N. C. Division of Aging is working with the American Association of Retired Persons to implement in North Carolina that focuses on training volunteers to provide information and counseling on housing options for older adults.

CHORE - Choreworkers are trained paraprofessionals who provide a range of services necessary to enable a functionally impaired person to remain at home. Services may vary among programs and funding sources, but may include assistance with personal care and routine household tasks, such as cooking, cleaning and laundering. Chore workers receive professional supervision usually from a registered nurse, social worker or home economist.

COMMUNITY ALTERNATIVE PROGRAM - A Medicaid waiver program that provides community-based services to disabled adults, mentally retarded adults and children who meet the medical requirements for nursing home level care. CAP services may include traditional Medicaid home health services (nursing, physical therapy, home health aide, etc.) as well as services not generally available under Medicaid (home delivered meals, respite care, chore services, etc.).

COMMUNITY-BASED CARE - A term used to describe a wide range of non-institutional services, including supportive, health, and personal care, which help older people who need assistance maintain maximum, independent functioning in their own homes or a substitute environment of their choice. Normally, the community care network includes family, friends, religious institutions, public and private agencies, and others.

COMPREHENSIVE AND COORDINATED SERVICE SYSTEM - A system for providing all necessary supportive systems in a manner designed to: (1) facilitate accessibility to and utilization of all services provided within the geographic area served by such system, (2) develop and make the most efficient use of supportive services in meeting the needs of older individuals, and (3) use available resources efficiently and with a minimum of duplication.

CONGREGATE MEALS - Congregate meals refers to a nutrition program that provided meals in a group setting, 5 days a week, to older adults. These programs are often based in churches, schools, senior centers or community recreations centers. Opportunities for socialization or recreation are frequently provided along with meals.

CONTINUUM OF CARE - A comprehensive systems of long-term care services and support systems in the community, as well as in institutions. Continuum includes: (1) community services such as senior centers; (2) in-home care such as home delivered meals, homemaker services, home health services, shopping assistance, personal care, chore services, and friendly visiting; (3) community-based services such as adult day care; (4) noninstitutional housing arrangements such as congregate housing, shared housing, and board and care homes and (5) nursing homes.

COPAYMENT - A type of cost-sharing whereby insured or covered persons pay a specified flat amount per unit of service or unit of time, and the insurer or public agency pays the rest of the cost.

COUNCIL ON AGING - (Department on Aging or Office on Aging) - A private nonprofit organization or public agency that serves as a county focal point on aging and which traditionally provides supportive services to older adults.

DEDUCTIBLE - The amounts payable by the enrollee for covered services before Medicare or private health insurance makes reimbursements. The Medicare hospital insurance deductible applies to each new benefit period, is determined each year by using a formula specified by law, and approximates the current cost of a one-day

inpatient hospital stay. The Medicare supplementary medical insurance deductible is currently fixed by law at the first \$60 of covered charges per calendar year.

DIAGNOSIS-RELATED GROUP - Commonly referred to as a DRG. A system of classifying patients that groups together patients with similar diagnoses who are expected to require similar levels of resource consumption. A DRG determines how much the federal government will pay a hospital for treating a Medicare patient under the Prospective Payment System established in 1983.

DISCHARGE PLANNING - A centralized, coordinated program developed by a hospital or nursing home to ensure that each patient has a planned program for needed continuing or follow-up care once they leave the health facility.

DOMICILIARY CARE - Room, board, and the provision of some assistance with daily living: grooming, bathing, eating, etc.

DOMICILIARY HOME COMMUNITY ADVISORY COMMITTEE PROGRAM - This program is the result of legislation passed by the 1981 North Carolina General Assembly and revised in 1983. In passing this legislation it was the intent of the General Assembly that each community in the state should take an active role in promoting the interest and well being of all residents of domiciliary homes.

FAMILY CARE HOME - A residential home that is licensed in North Carolina to provide care for 6 or less people. The building itself is like a normal house and is usually located in a regular neighborhood with other homes and families next door. The care provided includes: room and board, personal assistance, supervision, and meaningful activities provided in a family setting.

FISCAL YEAR - Refers to a 12-month accounting period. Accounting periods in states and sub-state jurisdictions do not necessarily conform to the federal government's. The fiscal year carries the date of the calendar year in which it ends. (Federal accounting period of 12 months is from October 1 to September 30. North Carolina accounting period is from July 1 to June 30.)

FOSTER GRANDPARENT PROGRAM - A program funded by ACTION, the federal agency that administers volunteer programs that enables persons 60 years of age or older to provide companionship and guidance to children of all ages with special needs.

FRIENDLY VISITOR - This is a program which provides volunteers who visit homebound or isolated adults on a regular basis, usually one a week. Friendly visitor programs may be sponsored by churches, civic clubs, or senior centers. Examples of friendly visitor activities include conversation, reading, playing cards and board games, letter writing, social outings, or running small errands.

FUNCTIONALLY DISABLED - A person with a physical or mental impairment that limits the individual's capacity for independent living.

GATEKEEPER - An agency or process which monitors and controls formal and informal services provided to an individual or group.

GERIATRICIAN - A physician who specializes in the diagnosis and treatment of diseases of aging and the aged.

GRANNY FLATS (ALSO KNOWN AS ECHO HOUSING OR GRANNY COTTAGES) - Factory-built or prefabricated, self-contained, energy-efficient living units, usually placed on or nearby the property residence of a relative. The concept does not exclude adding on to an existing building. Structures can be either mobile or permanent. Personal care and other supportive services can be provided by a relative or by a nearby agency.

HOME DELIVERED MEALS - Home delivered meals is a nutrition program which utilizes a network of volunteers to deliver at least one hot nutritious meal per day (generally 5 days per week) to homebound adults. Special dietary needs can often be taken into consideration. These programs are typically organized through councils on aging or churches.

HOME FOR THE AGED & INFIRM - A facility licensed in North Carolina to provide care for 7 or more people who do not need nursing care but are no longer able to remain in their own homes because they need assistance in meeting their day-to-day basic needs.

HOME HEALTH AGENCY - A public or private organization that provides home health services supervised by a licensed health professional in the patient's home either directly or through arrangements with other organizations.

HOME HEALTH AIDE - A person who, under the supervision of a home health or social service agency, assists elderly, ill or disabled persons with household chores, bathing, personal care, and other daily living needs. Social service agency personnel are sometimes called personal care aides.

HOME HEALTH SERVICES - Services and items furnished to an individual by a home health agency, or by others under arrangements made by such an agency. The services are furnished under a plan established and periodically reviewed by a physician and supervised by a licensed nurse. The services are provided on a visiting basis in an individual's home and may include: part-time or intermittent skilled nursing care; physical, occupational, or speech therapy; medical social services; medical supplies and appliances (other than drugs and biologicals); personal care services.

HOMEMAKER SERVICES - Household services, such as shopping, cooking, and cleaning that can be part of a home care program. These services can be delivered in conjunction with home health care, as a separate service to those with functional limitations but who are otherwise healthy, or to replace or forestall the need for institutional care.

HOSPICE CARE - Care that addressed the physical, spiritual, emotional, psychological, social, financial, and legal needs of the dying patient and his family. Hospice care is provided by an interdisciplinary team of professional and volunteers in a variety of settings, both inpatient and at home, and includes bereavement care for the family.

INFORMATION AND REFERRAL SOURCE - A location where any public or private agency or organization (1) maintains current information with respect to the opportunities and services available to older persons and develops current lists of older individuals in need of services and opportunities, and (2) employs, where feasible, a specially trained staff to assess the needs and capacities of community services which are available, and to assist older persons to take advantage of them.

IN-HOME SERVICES - Currently, one of three priority areas designated by the Older Americans Act to help meet the needs of older persons. Refers to such services as home health aid, family respite services, visiting and telephone reassurance and chore maintenance which enable older persons to remain in their homes for as long as possible. They offer an alternative to premature institutionalization.

INTERMEDIATE CARE FACILITY (ICF) - A nursing home that provides a level of medical care which is less intensive than skilled nursing, while ensuring the daily availability of nursing services. Regular medical, nursing, social and rehabilitative services are provided, in addition to personal and residential care for patients not capable of full independent living.

MEDIGAP POLICY - A health insurance policy designed to supplement medicare benefits.

MOBILITY - The capacity to negotiate one's physical surroundings or environment. Mobility is frequently assessed in terms of the extent of limitation (bedfast, housebound, ambulatory), and whether assistance is needed (a mechanical or assistive device and/or another human being).

NURSE AIDE - An unlicensed nursing staff member who assists professional nurses.

NURSING HOME - A nursing home is a health care facility licensed by the state to provide long term medical services according to the directives of a patient's physician and standards of quality set by the state and the facility. Nursing homes in North Carolina are staffed by professional personnel under the direction of a licensed nursing home administrator; they deliver a variety of medical and social services to their patients.

NURSING HOME COMMUNITY ADVISORY COMMITTEE PROGRAM - This program is the result of legislation passed by the 1977 North Carolina General Assembly and revised in 1987. In passing this legislation, it was the intent of the general Assembly that each community in the state should take a more active role in promoting the interest and well-being of persons residing in nursing homes. The N.C. Division of Aging, through a network of regional ombudsmen, provides the committees with training and gives professional assistance in the performance of their duties. Each county in North Carolina that has a nursing home is now served by a Nursing Home Community Advisory Committee.

OLDER AMERICANS ACT OF 1965 - Federal legislation that is directed to improving the lives of America's elderly, particularly in relation to income, health, housing, employment, long-term care, retirement and community services.

OMBUDSMAN - A representative of a public agency or a private nonprofit organization who investigates and resolves complaints made by or on behalf of older individuals who are residents of long-term care facilities.

PEER REVIEW - An evaluation by practicing physicians or other health professionals of the necessity, effectiveness and efficiency of services ordered or performed by other practicing physicians or members of the profession.

PERSONAL CARE - Services to assist individuals with activities of daily living, including bathing, grooming, and eating.

PREADMISSION SCREENING - An assessment process conducted prior to entry into a nursing home to determine a person's functional abilities, service needs, and service and living arrangement alternatives to institutional placement.

PRIORITY SERVICES - Designated by the Older Americans Act "to better meet the most crucial needs of the elderly." Categories currently include access, in-home and legal assistance.

PROPRIETARY - A for-profit, tax paying organization.

RESPIRE SERVICES - Services provided on a short term basis to a dependent individual whose usual caregiver is temporarily unavailable or in need of a break from caregiving. Respite care is provided in the person's own home or in an alternative residence.

RETIRED SENIOR VOLUNTEER PROGRAM (RSVP) - A program funded by ACTION, the federal agency that administers volunteer programs, which provides opportunities for retired persons 60 and over to volunteer on a regular basis in a variety of settings through the community.

SENIOR CENTER - A community or neighborhood facility established for the organization and provision of a broad spectrum of supportive services, including health, social, nutritional, and educational services, and the provision of facilities for recreational activities for older individuals.

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM - An employment program which provides part-time subsidized employment and work experience in public and private nonprofit agencies for low-income persons 55 and over (funded by Title V of the Older Americans Act).

SENIOR COMPANION - A program funded by ACTION, the federal agency that administers volunteer programs, that enables persons 60 years of age or older to serve as companions to homebound older persons with special needs.

SENIOR GAMES - Senior Games in North Carolina is a network of quality health and recreational experiences for adults ages 55 and over. In addition to local Senior Games and a Senior Games State Finals, numerous year round health promotion and education programs are offered.

SENIOR HEALTH INSURANCE INFORMATION PROGRAM (SHIIP) - A program of the N.C. Department of Insurance which focuses on providing information to older adults about Medicare, Medicare supplement insurance and long term care insurance. Volunteer are trained across the state to provide counseling to older adults regarding insurance issues and to assist older persons in filing insurance claims.

SERVICE PROVIDER - Any entity that is awarded a sub-grant or contract to provide services at the local level.

SILVERSTRIDERS - A statewide walking program for people 55 years of age and older.

SKILLED NURSING FACILITY (SNF) - A nursing home which provides 24 hour-a-day nursing services for a person who has serious health care needs but does not

require the intense level of care provided in a hospital. Rehabilitation services may also be provided. Many of these facilities are federally certified, which means they may participate in Medicare or Medicaid programs.

SPEND DOWN - Under the Medicaid program, spend-down refers to a method by which an individual establishes Medicaid eligibility by reducing gross income through incurring medical expenses until net income (after medical expenses) meets Medicaid financial requirements.

STATE OFFICE ON AGING - An agency of state government designated by the governor and state legislature as the focal point for all matters related to the needs of older persons within the state. Currently, there are 57 State Offices on Aging located in the 50 states, the District of Columbia, and the U.S. territories.

STATE PLAN ON AGING - A State Plan is the document submitted by a state in order to receive grants from its allotments under the Older Americans Act. It contains provisions required by the law with implementing regulations and commitments that the State agency will administer or supervise the administration of activities funded under the Older Americans Act in accordance with all Federal requirements. In North Carolina, the State Plan covers a two year period and it represents the work plan for the Division of Aging through the duration of that period.

SUPPLEMENTAL SECURITY INCOME - A federal program that pays monthly checks to people in need who are 65 years or older and to people in need at any age who are blind and disabled. The purpose of the program is to provide sufficient resources so that anyone who is 65 or blind or disabled can have a basic monthly income. Eligibility is based on income and assets.

TELEPHONE REASSURANCE - Daily or regularly scheduled telephone calls made by family, friends, or volunteers to check on those who are homebound.

APPENDIX F

PROGRAM CONTACTS DIRECTORY

AAA (AREA AGENCIES ON AGING) (Department of Human Resources)

Region A - Bryson City (Cherokee, Clay, Graham, Haywood, Jackson, Macon, Swain Counties)

Southwestern NC Planning & Economic Development Commission
Mary Barker
(704) 488-2911

Region B - Asheville (Buncombe, Henderson, Madison, Transylvania Counties)

Land-of-Sky Regional Council
Joan Tuttle
(704) 254-8131

Region C - Rutherfordton (Cleveland, McDowell, Polk, Rutherford Counties)

Isothermal Planning & Economic Development Commission
Sybil Walker
(704) 287-2281

Region D - Boone (Alleghany, Ashe, Avery, Mitchell, Watauga, Wilkes, Yancey Counties)

Region D Council of Government
Barbara Barghothi
(704) 264-5558

Region E - Hickory (Alexander, Burke, Caldwell, Catawba Counties)

Western Piedmont Council of Government
Tami Hefner
(704) 322-9191

Region F - Charlotte (Cabarrus, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanley, Union Counties)

Centralina Council of Government
Sue Archer
(704) 372-2416

Region G - Greensboro (Alamance, Caswell, Davidson, Guilford, Randolph, Rockingham Counties)

Piedmont Triad Council of Government
Kim Dawkins-Berry
(919) 294-4950

Region H - Rockingham (Anson, Montgomery, Moore, Richmond Counties)

Pee Dee Council of Government
Karen Coble
(919) 895-9346

(AAA continued)

Region I - Winston-Salem (Davie, Forsyth, Stokes, Surry, Yadkin Counties)

Northwest Piedmont Council of Government
Rodessa Mitchell
(919) 722-9346

Region J - Research Triangle Park (Chatham, Durham, Johnston, Lee, Orange, Wake Counties)

Triangle J Council of Government
David Moser
(919) 549-0551

Region K - Henderson (Franklin, Granville, Person, Vance, Warren Counties)

Region K Council of Government
Steve Norwood
(919) 492-8561

Region L - Rocky Mount (Edgecombe, Halifax, Nash, Northampton, Wilson Counties)

Region L Council of Government
Zelma Hillsman
(919) 446-0411

Region M - Fayetteville (Cumberland, Harnett, Sampson Counties)

Mid-Carolina Council of Government
Margaret Hardee
(919) 323-4191

Region N - Lumberton (Bladen, Hoke, Robeson, Scotland Counties)

Lumber River Council of Government
Betty Rising
(919) 738-8104

Region O - Wilmington (Brunswick, Columbus, New Hanover, Pender Counties)

Cape Fear Council of Government
Carolyn Soders
(919) 763-0191

Region P - New Bern (Carteret, Craven, Duplin, Green, Jones, Lenoir, Onslow, Pamlico, Wayne Counties)

Neuse River Council of Government
Rhonda Wheeler
(919) 638-3185

Region Q - Washington (Beaufort, Bertie, Hertford, Martin, Pitt Counties)

Mid-East Commission
Louisa Cox
(919) 946-8043

(AAA continued)

Region R - Hertford (Camden, Chowan, Currituck, Dare, Gaston, Hyde, Pasquotank, Perquimans, Tyrrell, Washington Counties)

Albemarle Commission

Lee Riddick

(919) 426-5753

ADULT HEALTH DIVISION (Department of EHNR)

Georjean Stoodt, Division Director

Leslie Brown, Deputy Division Director

(919) 733-7081

Eastern Counties (Beaufort, Bertie, Camden, Carteret, Chowan, Craven, Currituck, Dare, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Jones, Lenoir, Martin, Nash, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington, Wilson Counties)

Regional Program Supervisor

Regional Nursing Consultant

(919) 756-1343

North Central Counties (Alamance, Caswell, Davidson, Davie, Forsyth, Franklin, Granville, Guilford, Iredell, Mecklenburg, Person, Randolph, Rockingham, Rowan, Stokes, Stanley, Surry, Union, Vance, Warren, Yadkin Counties)

Regional Program Supervisor

Regional Nursing Consultants

(919) 761-2390

South Central Counties (Anson, Bladen, Brunswick, Chatham, Columbus, Cumberland, Duplin, Durham, Harnett, Hoke, Johnston, Lee, Montgomery, Moore, New Hanover, Orange, Pender, Richmond, Robeson, Sampson, Scotland, Wake, Wayne Counties)

Regional Program Supervisor

Regional Nursing Consultants

(919) 486-1191

Western Counties (Alexander, Alleghany, Ashe, Avery, Buncombe, Burke, Caldwell, Catawba, Cherokee, Clay, Cleveland, Gaston, Graham, Haywood, Henderson, Jackson, Lincoln, McDowell, Macon, Madison, Mitchell, Polk, Rutherford, Stanley, Swain, Transylvania, Watauga, Wilkes, Yancey Counties)

Regional Program Supervisor

(704) 669-3351

Regional Nursing Consultants

(704) 669-3349 or (704) 669-3390

ADULT HEALTH PROGRAM (Department of EHNR)

Jackie Houston

(919) 733-7081

AGING SERVICES CONSULTANT (Department of EHNR)

Elaine Stoops
(919) 733-7081

AGRICULTURAL EXTENSION SERVICE (University of North Carolina)

Martha R. Johnson, Assistant Director, Home Economics
(919) 737-2781

Leo F. Hawkins, Human Development Specialist
Janice H. Lloyd, Family Resource Management Specialist
(919) 737-2781

AHEC PROGRAM (University of North Carolina)

Dr. Eugene S. Mayer, Program Director
(919) 966-2461

Area L AHEC
David M. Webb
(919) 972-6958

Mountain AHEC
Dr. Thomas J. Bacon
(704) 257-4400

Charlotte AHEC
Dr. William T. Williams
(704) 355-3146

Northwest AHEC
James C. Leist
(919) 777-3000

Eastern AHEC
Eldine K. Guthrie
(919) 551-5200

Wake AHEC
Robert Sigmon
(919) 250-8548

Fayetteville AHEC
Dr. Harold L. Godwin
(919) 323-1152

Willmington AHEC
Dr. Neil J. McDonald
(919) 343-0161

Greensboro AHEC
Dr. Donald D. Smith
(919) 379-4025

ALZHEIMER'S (Department of Human Resources)

Division of Aging
Mary Bethel
(919) 733-3983

Duke Family Support Program
Lisa Gwyther or Edna Ballard
1-800-672-4213 or (919) 684-2328

(ALZHEIMER'S continued)

Eastern NC Alzheimer's Association Chapter - Raleigh (Beaufort, Bertie, Bladen, Brunswick, Camden, Carteret, Chatham, Chowan, Columbus, Craven, Cumberland, Currituck, Dare, Durham, Duplin, Edgecombe, Franklin, Gates, Granville, Greene, Halifax, Harnett, Hertford, Hoke, Hyde, Johnston, Jones, Lee Lenoir, Martin, Nash, New Hanover, Northampton, Onslow, Orange, Pamlico, Pasquotank, Pender, Perquimans, Person, Pitt, Roberson, Sampson, Scotland, Tyrrell, Vance, Wake, Warren, Washington, Wayne, Wilson Counties)

Alice Watkins or Lisa Honeycutt
1-800-228-8738 or (919) 832-3732

Southern Piedmont Alzheimer's Chapter - Charlotte (Anson, Cabarrus, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Montgomery, Moore, Richmond, Rowan, Stanley, Union Counties)

Paul Allen or Gail Linker
(704) 532-7390

Traid Alzheimer's Chapter - Winston-Salem (Alamance, Caswell, Davidson, Davie, Forsyth, Guilford, Randolph, Rockingham, Stokes, Surry, Yadkin Counties)

Janet Sawyer or Mary Pohl
1-800-228-9794 or (919) 722-0811

Western NC Alzheimer's Chapter - Asheville (Alexander Alleghany, Ashe, Avery, Buncombe Burke, Caldwell, Catawba, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes, Yancey Counties)

Vera Guise
1-800-522-2451 or (704) 254-7363

ARTHRITIS PROGRAM (Department of EHNR)

Jackie Houston
(919) 733-7081

BLIND, DIVISION OF SERVICES FOR THE (Department of Human Resources)

Herman Gruber, Division Director
(919) 733-9822

All 100 County Departments of Social Services

CANCER CONTROL PROGRAM (Department of EHNR)

Don Batts
(919) 733-7081

COMMUNITY COLLEGES, NORTH CAROLINA SYSTEM OF

Dr. Neill McLeod, Associate Executive Vice President
(919) 733-7051, Ext. 721

Dr. Sanford Shugart, Vice President for Programs
(919) 733-7051, Ext. 413

Local College Level

Aging Education Coordinator
Allied Health Director

(Phone numbers are the same as those for presidents in the following section, "Presidents, etc.")

Presidents of Community and Technical Colleges

Alamance Community College
Dr. W. Ronald McCarter
(919) 578-2002

Anson Community College
Dr. Edwin R. Chapman
(704) 826-8333

Asheville-Buncombe Technical
Community College
Harvey L. Haynes
(704) 254-1921

Beaufort County Community College
James P. Blanton
(919) 946-6194

Bladen Community College
Lynn G. King
(919) 862-2164

Blue Ridge Community College
Dr. David W. Sink
(704) 692-3572

Brunswick Community College
W. Michael Reaves
(919) 754-6900

Caldwell Community College and
Technical Institute
Dr. Eric B. McKeithan
(704) 726-2200

Cape Fear Community College
Dr. E. Thomas Satterfield, Jr.
(919) 343-0481

Carteret Community College
Dr. Donald W. Bryant
(919) 247-6000

Catawba Valley Community College
Dr. Cuyler Dunbar
(704) 327-7000

Central Carolina Community College
Dr. Marvin R. Joyner
(919) 775-5401

Central Piedmont Community College
Dr. Ruth G. Shaw
(704) 342-6633

Cleveland Community College
Dr. James B. Petty
(704) 484-4000

Coastal Carolina Community College
Dr. Ronald K. Lingle
(919) 455-1221

College of The Albemarle
Dr. J. Parker Chesson, Jr.
(919) 335-0821

(COMMUNITY COLLEGES continued)

Craven Community College
Dr. Lewis S. Redd, Interim
(919) 638-4131

Davidson County Community College
Dr. J. Bryan Brooks
(704) 249-8186

Durham Technical Community College
Dr. Phail Wynn, Jr.
(919) 598-9222

Edgecombe Community College
Charles B. McIntyre
(919) 823-5166

Fayetteville Technical Community
College
Dr. Craig Allen
(919) 323-1961

Forsyth Technical Community College
Dr. Bob H. Greene
(919) 723-0371

Gaston College
Dr. W. Wayne Scott
(704) 922-6200

Guilford Technical Community College
Dr. Raymond J. Needham
(919) 334-4822

Halifax Community College
Dr. Elton L. Newbern, Jr.
(919) 536-2551

Haywood Community College
Dr. Dan W. Moore
(704) 627-2821

Isothermal Community College
Dr. Willard L. Lewis, III
(704) 286-3636

James Sprunt Community College
Dr. Donald L. Reichard
(919) 296-1341

Johnston Community College
Dr. John Tart
(919) 934-3051

Lenoir Community College
Dr. Lonnie H. Blizzard
(919) 527-6223

Martin Community College
Dr. Travis Martin
(919) 792-1521

Mayland Community College
Dr. Virginia A. Foxx
(704) 765-7351

McDowell Technical Community College
Dr. Robert M. Boggs
(704) 652-6021

Mitchell Community College
Dr. Charles C. Poindexter
(704) 878-3200

Montgomery Community College
Dr. Benny Bryant Hampton
(919) 572-3691

Nash Community College
Dr. J. Reid Parrott, Jr.
(919) 443-4011

Pamlico Community College
Dr. E. Douglas Kearney, Jr.
(919) 249-1851

Piedmont Community College
Dr. H. James Owen
(919) 599-1181

Pitt Community College
Dr. Charles E. Russell
(919) 355-4200

Randolph Community College
Dr. Larry K. Linker
(919) 629-1471

Richmond Community College
Joseph W. Grimsley
(919) 582-1980

Roanoke-Chowan Community College
Dr. Harold E. Mitchell
(919) 332-5921

(COMMUNITY COLLEGES continued)

Robeson Community College
Fred G. Williams, Jr.
(919) 738-7101

Rockingham Community College
Dr. N. Jerry Owens
(919) 342-4261

Rowan-Cabarrus Community College
Dr. Richard L. Brownell
(704) 637-0760

Sampson Community College
Dr. Clifton W. Paderick
(919) 592-8081

Sandhills Community College
Dr. John R. Dempsey
(919) 692-6185

Southeastern Community College
Dr. Stephen C. Scott
(919) 642-7141

Southwestern Community College
Dr. Norman K. Myers
(704) 586-4091

Stanly Community College
Dr. Jan Crawford, Interim
(704) 982-0121

Surry Community College
Dr. Swanson Richards
(919) 386-8121

Tri-County Community College
Vincent W. Crisp
(704) 837-6810

Vance-Granville Community College
Dr. Ben F. Currin
(919) 492-2061

Wake Technical Community College
Dr. Bruce I. Howell
(919) 772-0551

Wayne Community College
Dr. G. Herman Porter
(919) 735-5151

Western Piedmont Community College
Dr. James A. Richardson
(704) 438-6000

Wilkes Community College
Dr. James R. Randolph
(919) 667-7136

Wilson Technical Community College
Dr. Frank L. Eagles
(919) 291-1195

CONSUMER SERVICES DIVISION (Department of Insurance)
COMPLAINTS REGARDING MEDICARE SUPPLEMENT OR LONG-TERM
CARE INSURANCE

(919) 733-2004
Toll-free 1-800-662-7777

CONTINUING CARE RETIREMENT FACILITIES IN NORTH CAROLINA
(Department of Insurance)

William Darden
(919) 733-5633

DEAF AND HARD OF HEARING, DIVISION OF SERVICES FOR THE
(Department of Human Resources)

Asheville Community Service Center
Voice: (704) 251-6190
T.D.D.: (704) 254-2281

Greenville Community Service Center
Voice: (919) 830-3481
T.D.D.: (919) 830-3482

Morganton Community Service Center
Voice: (704) 433-2958
T.D.D.: (704) 433-2960

Wilmington Community Service Center
Voice: (919) 251-0611
T.D.D.: (919) 343-9352

Charlotte Community Service Center
Voice: (704) 342-5482
T.D.D.: (704) 342-5480

William H. Peace, Division Director
Voice: (919) 733-5199
T.D.D.: (919) 733-5930

Raleigh Community Service Center
Voice: (919) 733-6714
T.D.D.: (919) 733-6715

DIABETES CONTROL PROGRAM (Department of EHNR)

Angie Hemingway
(919) 733-7081

DIVISION OF AGING (Department of Human Resources)

Bonnie Cramer
(919) 733-3983

DOMICILIARY HOMES IN NORTH CAROLINA

John Syria, Director of Facility Services
(919) 733-7081

ECONOMIC OPPORTUNITY, DIVISION OF (Department of Human Resources)

Edith Hubbard, Director
(919) 733-2633

Alamance County Community Action
Ometta Corbett
(919) 229-7031

Carteret Community Action
(Carteret, Craven, Pamlico)
Leon Mann, Jr.
(919) 728-4528

Blue Ridge Community Action
(Alexander, Burke and Caldwell)
Kenneth L. Cox
(704) 438-6255

Charlotte Area Fund
Kirk T. Grosch
(704) 372-3010

Blue Ridge Opportunity Commission
(Ashe, Alleghany, Wilkes)
Elizabeth U. Baker
(919) 667-7174

Choanoke Area Development Association
(Bertie, Halifax, Hertford, Northampton)
Joyce Garrison
(919) 539-4155

**(ECONOMIC OPPORTUNITY,
DIVISION OF continued)**

Cumberland County Community Action
Kenneth G. Smith
(919) 485-6131

Davidson County Community Action
Donald Walser
(704) 249-0234

Dupenza Services (Duplin)
Lester Moore
(919) 289-2088

Economic Improvement Council
(Camden, Chowan, Currituck, Dare,
Gates, Hyde, Pasquotank, Prequimans,
Tyrrell, Washington)
Fentress T. Morris
(919) 482-4459

Experiment in Self-Reliance (Forsyth)
Robert B. Law
(919) 722-9400

Four County Community Services
(Bladen, Hoke, Robeson, Columbus,
Pender, Scotland)
Richard Greene
(919) 277-3500

Four Square Community Services
(Cherokee, Clay, Graham, Swain)
H. Tommy Moore
(704) 321-4475

Franklin-Vance-Warren Opportunity
(Franklin, Vance, Warren)
William S. Owens
(919) 492-0161

Gaston Community Action (Gaston)
Joseph W. Dixon
(704) 866-8721

Greene Lamp (Greene, Lenoir)
Ida Whitfield
(919) 747-8146

Guilford Community Action (Guilford)
Earl Jones
(919) 274-4673

I Care (Iredell)
Paul B. Wilson
(704) 872-8141

Johnston-Lee Community Action
(Johnston, Lee)
Marie Watson
(919) 934-2145

Joint Orange-Chatham Community
Action (Orange, Chatham)
Gloria M. Williams
(919) 542-4781

Macon Program for Progress
Mary Ann Sloan
(704) 524-4471

Martin County Community Action
(Beaufort, Martin, Pitt)
Haywood L. Harris
(919) 792-7111

Mountain Projects (Haywood, Jackson)
Bob Leatherwood
(704) 452-1447

Nash-Edgecombe Economic Development
(Nash, Edgecombe, Wilson)
A. J. Richardson
(919) 442-8081

Operation Breakthrough (Durham)
Fred D. McNeill, Jr.
(919) 688-8111

Opportunity Corporation of Madison
Buncombe (Madison, Buncombe)
Lonnie D. Burton
(704) 252-2495

Region "P" Human Development
Agency (Onslow)
Rev. W.A. Greene
(919) 347-2151

Salisbury-Rowan Community Service
Council (Rowan)
Andrew T. Harris
(704) 633-6633

**(ECONOMIC OPPORTUNITY,
DIVISION OF continued)**

Sandhills Community Action
(Anson, Montgomery, Moore, Richmond)
Nezzie M. Smith
(919) 947-5675

Wayne Action Group (Wayne)
Bryan Sutton
(919) 734-1178

Union County Community Action (Union)
B. Phillip Gregory
(704) 283-7583

Western Carolina Community Action
(Henderson, Transylvania)
John Leatherwood, Jr.
(704) 693-1711

Wake County Opportunities (Wake)
Dorothy N. Allen
(919) 833-2885

Yadkin Valley Economic Development
District (Davie, Stokes, Surry, Yadkin)
Jimmie R. Hutchens
(919) 367-7251

W.A.M.Y. Community Action
(Watauga, Avery, Mitchell, Yancey)
H.C. Moretz, Jr.
(704) 264-2421

ELDERHOSTEL

Bobby D. Wagoner, N. C. State Elderhostel Director
(919) 962-1106

EPILEPSY AND NEUROLOGICAL DISORDER PROGRAM (Department of
EHNR)

John C. Griswold
(919) 733-7081

FACILITY SERVICES, DIVISION OF (Department of Human Resources)

John Syria, Director
(919) 733-2342

HEALTH CARE SECTION (Department of EHNR)

Steve Sherman
(919) 733-7081

HEALTH PROMOTION SECTION (Department of EHNR)

Meredith Cosby
(919) 733-7081

HEALTH PROMOTION PROGRAM, STATEWIDE (Department of EHNR)

Sally Malek
(919) 733-7081

HOME HEALTH SERVICES PROGRAM (Department of EHNR)

John C. Griswold
Hope Lucas
(919) 733-7081

HYPERTENSION PROGRAM (Department of EHNR)

Jackie Houston
(919) 733-7081

JOB TRAINING (Department of Economic and Community Development)

Joel New, Director of Employment and Training
(919) 733-6383

LONG-TERM CARE INSURANCE (Department of Insurance)

Theresa Shackelford
(919) 733-5060

LONG-TERM CARE INSURANCE, COMPLAINTS ABOUT (Department of Insurance)

(919) 733-2004
Toll-free 1-800-662-7777

MEDICAL ASSISTANCE, DIVISION OF (Department of Human Resources)

100 County Departments of Social Services
Barbara Matula, Director
(919) 733-2060

MEDICARE SUPPLEMENT INSURANCE (Department of Insurance)

Laurie Saxton
(919) 733-5060

MEDICARE SUPPLEMENT, COMPLAINTS ABOUT INSURANCE COMPANY REGARDING (Department of Insurance)

(919) 733-2004
Toll-free 1-800-662-7777

MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, & SUBSTANCE ABUSE
(Department of Human Resources)

Division of Mental Health, Developmental Disabilities and Substance Abuse
Don Taylor
(919) 733-7011

Alamance-Caswell Area Program
John V. Moon
(919)-222-6430

Albemarle Area Program
(Camden, Chowan, Currituck, Dare,
Pasquotank, Perquimans)
Charles R. Franklin Jr.
(919) 335-0803

Blue Ridge Area Program (Buncombe,
Madison, Mitchell, Yancey)
Lawrence E. Thompson III
(704) 258-3500

Catawba County Area Program
John Hardy
(704) 328-5361

Cleveland County Area Program
Dwight S. Brenneman, Ed.D.
(704) 482-8941

Cumberland County Area Program
Eldon Tietje
(919) 323-0601

Davidson County Area Program
C. Randall Edwards, Ph. D.
(919) 475-8184

Duplin-Sampson Area Program
Helen Moorefield, Ph.D.
(919) 296-1851

Durham County Area Program
Steven Ashby, Ph.D.
(919) 560-7100

Edgecombe-Nash Area Program
Helen Cleveland
(919) 977-0151

Foothills Area Program (Alexander,
Burke, Caldwell, McDowell)
Don Dawson, M.Div.
(704) 433-4200

Forsyth-Stokes Area Program
Henry Marsh
(919) 725-7777

Gaston-Lincoln Area Program
J. R. Davidson
(704) 867-1885

Guilford County Area Program
Lawrence J. Bivens
(919) 373-3630

Halifax County Area Program
Lois T. Batton
(919) 537-6174

Johnston County Area Program
J. Daniel Searcy, Ph.D.
(919) 934-5121

Lee-Harnett Area Program
Mansfield M. Elmore
(919) 774-6521

Lenoir County Area Program
June S. Cummings
(919) 527-7086

Mecklenburg County Area Program
Peter E. Safir
(704) 336-2023

Neuse Area Program (Carteret,
Craven, Jones, Pamlico)
Roy R. Wilson, Jr.
(919) 633-4171

**(MENTAL HEALTH,
DEVELOPMENTAL DISABILITIES,
& SUBSTANCE ABUSE continued)**

New River Area Program (Alleghany,
Ashe, Avery, Watauga, Wilkes)
Brooke R. Johnson, Ph.D.
(704) 264-9007

Onslow County Area Program
Dan Jones, M.Ed.
(919) 353-5118

Orange-Person-Chatham Area Program
William F. Baxter, Jr.
(919) 929-0471

Piedmont Area Program (Cabarrus,
Stanley, Union)
Robert C. Lorish, Ed.D.
(704) 788-6116

Pitt County Area Program
Steve Creech Ph.D.
(919) 752-7151

Randolph County Area Program
Louise M. Galloway
(919) 625-1113

Roanoke-Chowan Area Program
(Bertie, Gates, Hertford, Northampton)
Ruth G. Straka
(919) 332-4137

Rockingham County Area Program
Billy G. Witherspoon, M.P.H.
(919) 342-8316

Rutherford-Polk Area Program
Tony Womack
(704) 287-6110

Sandhills Area Program (Anson,
Hoke, Moore, Montgomery, Richmond)
Michael Watson
(919) 673-9111

Smoky Mountain Area (Cherokee,
Clay, Graham, Haywood, Jackson,
Macon, Swain)
Hugh D. Moon
(704) 586-5501

Southeastern Area
(Brunswick, New Hanover, Pender)
William Douglas Sudduth
(919) 251-6440

Southeastern Regional Area
(Bladen, Columbus, Robeson, Scotland)
John S. Mckee III
(919) 738-5261

Surry-Yadkin Area Program
Brandy Morrison
(919) 789-5011

Tideland Area Program (Beaufort,
Hyde, Martin, Tyrrell, Washington)
Faye R. Rogers
(919) 946-8061

Trend Area Program
(Henderson, Transylvania)
Ronald C. Metzger
(704) 692-7790

Tri-County Area Program (Davie,
Iredell, Rowan)
Daniel L. Bradshaw
(704) 637-5045

Vance-Warren-Granville-Franklin
Area Program
J. Thomas McBride
(919) 492-4011

Wake County Area Program
James W. Kirkpatrick, Jr.
(919) 755-6238

Wayne County Area Program
Liston G. Edwards, D.P.A.
(919) 731-1133

Wilson-Greene Area Program
John White
(919) 399-8021

NORTH CAROLINA HOUSING FINANCE AGENCY

Robert Kucab, Executive Director
North Carolina Housing Finance Agency
(919) 781-6115

NURSING HOMES IN NORTH CAROLINA

John Syria, Director of Facility Services
(919) 733-7081

PARKS AND RECREATION, DIVISION OF (Department of EHNR)

Individual Parks or
Central Office
Tom Wells
(919) 733-4181

Recreation Resources Service
NCSU
(919) 737-7118

PHARMACIST (Department of EHNR)

Charles D. Reed
(919) 733-7081

PREPARE PROGRAM (Office of State Personnel)

Katherine A. Grant
Debbie Williamson
Vicki Mills
(919) 733-7112

PUBLIC SCHOOLS (Department of Public Instruction)

Community Schools Coordinator at Local School System

RENAL DISEASE PROGRAM (Department of EHNR)

Marion White, Program Manager
(919) 733-7081

RENAL DISEASE PREVENTION ACTIVITY (Department of EHNR)

Jackie Houston
(919) 733-7081

RSVP

RSVP-ACTION
Washington, D.C.
1-800-424-8500

ACTION-North Carolina Office
Mr. Robert Winston
(919) 856-4731

Carteret Community ACTION, Inc.
Linda Williams
(919)-247-4366

City of Raleigh, Department of
Human Resources
Rebekah B. Ghazy
(919) 755-6295

Cumberland Co. Coordinating Council
on Older Adults
Blanche Hodul
(919) 485-4448

Durham Technical Institute
Helen Featherson
(919) 598-9314

Harnett County Council
for Senior Citizens
Avis Hall
(919) 893-7578

Moore County Department of Aging
Linda Hopkins
(919) 947-5800 Ext. 563

Koinonia Incorporated
Janice Barger
(704) 758-2617

Land-of-Sky Regional Council
Juanita Storm
(704) 254-8131

Macon Program for Progress
Patricia Rogers
(704) 524-4471

New Hanover County
Department of Aging
Marcelle Austin
(919) 762-3214

RSVP of Forsyth County
Twana Wellman
(919) 842-6274

Southeastern Community College
Kathryn Wray
(919) 372-7170

United Services for Older Adults
Sandra Mangum
(919) 373-4816

Wayne Action Group for
Economic Solvency
Mary Best
(919) 734-1178

SENIOR GAMES

Margot Raynor, Director, NCSG, Inc.
(919) 851-5456

Alamance-Burlington
Betsy Chandler
(919) 222-5030

Asheville-Buncombe
Ann Joyce
(704) 259-5800

Blue Ridge - North Wilkesboro
Jimmy Gaines
(919) 838-7785

Brunswick County
Kellie Beeson
(919) 278-5518

(SENIOR GAMES continued)

Cabarrus County
Susan Donaldson
(704) 788-6150

Carteret County
Deborah Pasteur
(919) 728-8401

Charlotte-Mecklenburg
Charles Goggi
(704) 365-1036

Cleveland-Rutherford
Tracy Davis
(704) 482-3488

Davidson/Thom/Lexington
Pansy Rummage
(704) 249-7011

Down East - Rocky Mount
Tami Wiggs
(919) 291-8111

Durham
Ronnie Ferrell
(919) 560-4355

Four Seasons - Hendersonville
Ruth Burgin
(704) 693-4820

Greater Greensboro
Rhonda Maxson
(919) 373-2173

Greater High Point
Tommy Shoaf
(919) 883-3482

Greater Statesville
Betty Millsaps
(704) 878-3433

Greenville-Pitt
Alice Keene
(919) 830-4216

Haywood County
Carolyn McCracken
(704) 648-8412

High Country - Boone
Larry Horine
(704) 262-2810

Johnston County
Barbara Miles
(919) 936-2389

Lee County
Phil Nauman
(919) 776-1774

McDowell County
Jonelle Daniels
(704) 652-8953

Mid-Carolina - Pope AFB
Margaret Hardee
(919) 347-5332

Onslow
Carol Robertson
(919) 347-5332

Orange County
Myra Austin
(919) 732-8181

Outer Banks - Manteo
Alice King
(919) 441-1181

Piedmont Plus - Winston-Salem
Edith Bailey
(919) 727-2502

Raleigh-Wake
Carol Adams
(919) 831-6878

Randolph
Gail Fields
(919) 626-1240

Region K - Henderson
Mark Woltz
(919) 492-7276

Region O - Wilmington
Annette Crumpton
(919) 341-4555

(SENIOR GAMES continued)

Region P - Kinston
Stacia Fields
(919) 734-9397

Region R
Elizabeth City
Lee Riddick
(919) 426-5753

Robeson County
Angie Paul
(919) 671-3869

Salisbury/Rowan
Barbara Wilkerson
(704) 633-7862

Scotland County
Jeff Whittinghill
(919) 277-2585

Senior Games in the Pines - Southern Pines
Pam Smith
(704) 692-7376

Smokey Mountain - Sylva
Janet Millsaps
(704) 586-6333

Unifour - Hickory
Alan Hall
(704) 322-9191

Union County
Ben Myers
(704) 843-3919

SHIIP (Department of Insurance)

Carla Suitt
Raleigh (919) 733-0111
Toll-free 1-800-443-9354

SOCIAL SERVICES, DIVISION OF (Department of Human Resources)

Mary K. Deyampert
(919) 733-3055

All 100 County Departments of Social Services

TRANSPORTATION (DHR's Division on Aging and Department of Transportation)

Area Agencies on Aging

UNIVERSITY OF NORTH CAROLINA

Dr. Roy Carroll
(919) 962-1000

Appalachian State University
Dr. Richard Parrott
(704) 262-2084

East Carolina University
Dr. Philip T. Rosen
(919) 757-6321

**(UNIVERSITY OF NORTH
CAROLINA continued)**

Elizabeth City State University
Dr. Dan Pearce
(919) 335-3316

Fayetteville State University
Dr. Marye Jeffries
(919) 486-1225

North Carolina A & T State University
Dr. Ronald Smith
(919) 334-7607

North Carolina Central University
Dr. G. W. Reid
(919) 560-6324

North Carolina School of the Arts
Ms. Carol Palm
(919) 770-3264

North Carolina State University
Mr. Kelly Crump
(919) 737-3007

Pembroke State University
Dr. Sylvester Wooten
(919) 521-9949

UNC-Asheville
Dr. Elaine Fox
(704) 251-6558
Dr. Ronald J. Manheimer
(704) 251-6140

UNC-Chapel Hill
Dr. Thomas L. Mckeon
(919) 962-1106

UNC-Charlotte
Dr. Oakley Winters
(704) 547-4449

UNC-Greensboro
Dr. John Young
(919) 334-5414

UNC-Wilmington
Dr. James Edmundson, Jr.
(919) 395-3193

Western Carolina University
Dr. Diane Henshaw
(704) 227-7397

Winston-Salem State University
Dr. Michael Callaghan
(919) 750-2630

VOCATIONAL REHABILITATION, DIVISION OF (Department of Human Resources)

Claude A. Myer, Director
(919) 733-3364

